

2025

# List of Covered Drugs (Formulary)

- UCare's MSHO
- UCare Connect + Medicare

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

## Introduction

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This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs are covered by UCare's MSHO and UCare Connect + Medicare. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UCare's MSHO and UCare Connect + Medicare. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

This formulary was updated on 10/01/2024.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

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**Toll free 1-800-203-7225, TTY 1-800-688-2534**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်.ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫີໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: [cag@ucare.org](mailto:cag@ucare.org)

**Auxiliary Aids and Services: UCare** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services: UCare** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240  
 Chicago, IL 60601  
 Customer Response Center: Toll-free: 800-368-1019  
 TDD Toll-free: 800-537-7697  
 Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
 540 Fairview Avenue North, Suite 201  
 St. Paul, MN 55104  
 651-539-1100 (voice)  
 800-657-3704 (toll-free)  
 711 or 800-627-3529 (MN Relay)  
 651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

## Multi-Language Insert Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **612-676-3200/1-800-203-7225**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **612-676-3200/1-800-203-7225**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **612-676-3200/1-800-203-7225**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **612-676-3200/1-800-203-7225**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **612-676-3200/1-800-203-7225**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **612-676-3200/1-800-203-7225**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **612-676-3200/1-800-203-7225**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **612-676-3200/1-800-203-7225** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **612-676-3200/1-800-203-7225**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **612-676-3200/1-800-203-7225**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **612-676-3200/1-800-203-7225** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).



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**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

## A. Disclaimers

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This is a list of drugs that members can get in UCare's MSHO and UCare Connect + Medicare.

- UCare's MSHO and UCare Connect + Medicare are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.
- The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year.
- Benefits and/or copays may change on January 1 of each year.
- You can always check UCare's MSHO or UCare Connect + Medicare's up-to-date *List of Covered Drugs* online at [ucare.org](http://ucare.org) or call Customer Service at the number listed at the bottom of this page. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number listed at the bottom of this page. This call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Customer Service at the number at the bottom of this page.

## B. Frequently Asked Questions (FAQ)

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Find answers here to questions you have about this *List of Covered Drugs*. You can read all the FAQ to learn more or look for a question and answer.

### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "Drug List" for short)

The drugs on the *List of Covered Drugs* that starts in Section C are the drugs covered by UCare's MSHO and UCare Connect + Medicare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies".

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).

- UCare's MSHO and UCare Connect + Medicare will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - UCare's MSHO and UCare Connect + Medicare agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a UCare's MSHO and UCare Connect + Medicare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [ucare.org](http://ucare.org) or call Customer Services at the number listed at the bottom of this page.

## **B2. Does the Drug List ever change?**

Yes, and UCare's MSHO and UCare Connect + Medicare must follow Medicare and Medical Assistance rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from UCare's MSHO or UCare Connect + Medicare before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits.)
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).

- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check UCare's MSHO and UCare Connect + Medicare's up-to-date Drug List online at **ucare.org**. Updates to the Drug List are posted on the website monthly.
- You can also call Customer Service at the number listed at the bottom of this page to check the current Drug List.

### **B3. What happens when there is a change to the Drug List?**

Some changes to the Drug List will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain the same or will be lower. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we are adding:
    - is a new generic version of a brand name drug, or
    - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
    - Some of these drug types may be new to you. For more information, refer to Section B14.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice. Members should also contact their doctor or pharmacy for further information.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- We remove an original biological product when adding a biosimilar, or
- Change the coverage rules or limits for the brand name drug

When these changes happen, we will

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior Authorization:** For some drugs, you or your doctor, or other prescriber must get authorization from UCare's MSHO or UCare Connect + Medicare before you fill your prescription. Prior authorization is different from a referral. UCare's MSHO and UCare Connect + Medicare may not cover the drug if you don't get prior authorization.

**For more recent information or other questions,** contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).

- **Quantity Limits:** Sometimes UCare's MSHO and UCare Connect + Medicare limits the amount of a drug you can get.
- **Step Therapy:** Sometimes UCare's MSHO and UCare Connect + Medicare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the table in Section C1. You can also get more information by visiting our website at [ucare.org](http://ucare.org). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

### **B5. How will I know if the drug I want has limits or if there are required actions to get the drug?**

The table in the List of Drugs by Medical Condition in section C1 has a column labeled "Necessary actions, restrictions, or limits on use."

### **B6. What happens if UCare's MSHO and UCare Connect + Medicare change their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

### **B7. How can I find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically, *or*
- You can search by drug type

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 165. The Index of Covered Drugs is an alphabetical list of all the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the Index.

To search **by drug type**, find the section C1 labeled “List of Drugs by Drug Type.” The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

## **B8. What if the drug I want to take is not on the Drug List?**

If you don’t find your drug on the Drug List, call Customer Service at the number listed at the bottom of this page and ask about it. If you learn that UCare's MSHO and UCare Connect + Medicare will not cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take.
- or*
- You can ask UCare's MSHO and UCare Connect + Medicare to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.

## **B9. What if I am a new UCare's MSHO or UCare Connect + Medicare member and can't find my drug on the Drug List or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UCare's MSHO or UCare Connect + Medicare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, *or*
- our plan rules do not let you get the amount ordered by your prescriber, *or*

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).

- the drug requires prior authorization by UCare's MSHO or UCare Connect + Medicare, *or*
- you are taking a drug that is part of a step therapy restriction

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new UCare's MSHO or UCare Connect + Medicare member.
- This is in addition to the temporary supply during the first 90 days you are a member of UCare's MSHO or UCare Connect + Medicare.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are transitioning to a different level of care. If you are a current member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

### **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask UCare's MSHO or UCare Connect + Medicare to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, UCare's MSHO or UCare Connect + Medicare may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

### **B11. How can I ask for an exception?**

To ask for an exception, call UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).



call is free), 8 am – 8 pm, seven days a week. A Customer Service representative will work with you and your prescriber to help you ask for an exception. You can also read Chapter 9, Section G of the *Member Handbook* to learn more about exceptions.

### **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

Prior Authorization and formulary exception requests can be initiated by calling Navitus Health Solutions at 1-833-837-4300 (this call is free) or by faxing the request form to 1-855-668-8552. Providers can also submit requests through ePA.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

UCare's MSHO and UCare Connect + Medicare covers both brand name drugs and generic drugs.

### **B14. What are original biological products and how are they related to biosimilars?**

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

### **B15. What are over-the-counter (OTC) drugs?**

OTC stands for “over-the-counter.” UCare's MSHO and UCare Connect + Medicare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the UCare's MSHO and UCare Connect + Medicare Drug List to find out what OTC drugs are covered.

### **B16. Does UCare's MSHO and UCare Connect + Medicare cover non-drug OTC products?**

UCare's MSHO and UCare Connect + Medicare covers some non-drug OTC products when they are written as prescriptions by your provider. You can read the drug list in section UCare's MSHO and UCare Connect + Medicare List of Covered Drugs to find out what non-drug OTC products are covered. Examples of non-drug OTC products include gauze pads and bandages.

### **B17. Does UCare's MSHO and UCare Connect + Medicare cover long term supplies of prescriptions?**

- **Mail-order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.

### **B18. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

### **B19. What is my copay?**

UCare's MSHO and UCare Connect + Medicare members pay nothing for prescription drugs as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).

- Tier 1 Generic drugs have a \$0 copay
- Tier 1 Brand drugs have a \$0 copay
- OTCs have a \$0 copay.

If you have questions, call Customer Service at the number at the bottom of this page. We can help you understand what your copays will be.

## **C. Overview of the List of Covered Drugs**

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The *List of Covered Drugs* gives you information about the drugs covered by UCare's MSHO and UCare Connect + Medicare. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs in Section D. The index alphabetically lists all drugs covered by UCare's MSHO and UCare Connect + Medicare.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *azathioprine*), brand name drugs are capitalized (e.g., JANUVIA), and over-the-counter (OTC) drugs are listed separately after the Index of Covered Drugs at the end of the document. The information in the “Necessary actions, restrictions, or limits on use” column tells you if UCare's MSHO or UCare Connect + Medicare has any rules for covering your drug.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA	Prior authorization: Drugs that require approval from UCare before we'll cover it.
PA <sup>2</sup>	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA <sup>3</sup>	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

QL	Quantity limit: There are limits to the amount of drug you can receive per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
VAC	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45.
MFG	Drug coverage is limited to certain manufacturers
NDS	Drugs limited to 30-day supply per fill
LA	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card

**C1. List of Drugs by Drug Type**

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for depression, you should look in the “Antidepressants” category. That is where you will find drugs that treat depression.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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NAME OF DRUG (OTC)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>aspirin (bayer)</i>	\$0 (OTC)	
<i>aspirin / buffers (bufferin)</i>	\$0 (OTC)	
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	\$0 (OTC)	
<i>diclofenac 1% gel otc</i>	\$0 (OTC)	
<i>ibuprofen (motrin)</i>	\$0 (OTC)	
<i>naproxen (aleve)</i>	\$0 (OTC)	
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>acetaminophen / caffeine / pyrilamine (midol)</i>	\$0 (OTC)	
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	\$0 (OTC)	
<b>ANALGESICS OTHER</b>		
<i>acetaminophen (tylenol)</i>	\$0 (OTC)	
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>RECTAL COMBINATIONS</b>		
<i>hemorrhoidal cream</i>	\$0 (OTC)	
<i>hemorrhoidal ointment</i>	\$0 (OTC)	
<i>hemorrhoidal suppository</i>	\$0 (OTC)	
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	\$0 (OTC)	
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>pramoxine (procto-foam)</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	\$0 (OTC)	
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	\$0 (OTC)	
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	\$0 (OTC)	
<b>ANTACIDS - ALUMINUM SALTS</b>		
<i>aluminum hydroxide (alternagel)</i>	\$0 (OTC)	
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate</i>	\$0 (OTC)	
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (tums)</i>	\$0 (OTC)	
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide (antacid)</i>	\$0 (OTC)	
<b>ANTIDIABETICS</b>		
<b>DIABETIC OTHER</b>		
<i>glucose (dextrose)</i>	\$0 (OTC)	
<b>INSULIN</b>		
NOVOLIN 70/30	\$0 (Tier 1)	INS
NOVOLIN 70/30 FLEXPEN	\$0 (Tier 1)	INS
NOVOLIN 70/30 FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLIN 70/30 RELION	\$0 (Tier 1)	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
NOVOLIN N	\$0 (Tier 1)	INS
NOVOLIN N FLEXPEN	\$0 (Tier 1)	INS
NOVOLIN N FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLIN N RELION	\$0 (Tier 1)	INS
NOVOLIN R	\$0 (Tier 1)	INS
NOVOLIN R FLEXPEN	\$0 (Tier 1)	INS
NOVOLIN R FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLIN R RELION	\$0 (Tier 1)	INS

## **ANTIDIARRHEAL/PROBIOTIC AGENTS**

### **ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

<i>bismuth subsalicylate (pepto-bismol)</i>	\$0 (OTC)	
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## **ANTIDIARRHEALS**

### **ANTIDIARRHEAL AGENTS - MISC.**

<i>loperamide (immodium)</i>	\$0 (OTC)	
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## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

<i>activated charcoal</i>	\$0 (OTC)	
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## **OPIOID ANTAGONISTS**

<i>naloxone hcl</i>	\$0 (OTC)	
NARCAN	\$0 (OTC)	

## **ANTIEMETICS**

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>dimenhydrinate (dramamine)</i>	\$0 (OTC)	
<i>meclizine</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>hydrogen peroxide</i>	\$0 (OTC)	
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate</i>	\$0 (OTC)	
<b>IODINE ANTISEPTICS</b>		
<i>povidone-iodine (betadine)</i>	\$0 (OTC)	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>PERIPHERAL VASODILATORS</b>		
<i>niacin</i>	\$0 (OTC)	
<b>CONTRACEPTIVES</b>		
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>levonorgestrel (plan b)</i>	\$0 (OTC)	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>dextromethorphan (robatussin)</i>	\$0 (OTC)	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	\$0 (OTC)	
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>chlorpheniramine / phenylephrine / aspirin</i>	\$0 (OTC)	
<i>dextromethorphan / acetaminophen / chlorpheniramine</i>	\$0 (OTC)	
<i>dextromethorphan / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>diphenhydramine / phenylephrine / acetaminophen</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>doxylamine / dextromethorphan</i>	\$0 (OTC)	
<i>ephedrine / guaifenesin</i>	\$0 (OTC)	
<i>g tussin ac</i>	\$0 (OTC)	
<i>guaiaatussin ac</i>	\$0 (OTC)	
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	\$0 (OTC)	
<i>guaifenesin / dextromethorphan / phenylephrine</i>	\$0 (OTC)	
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	\$0 (OTC)	
<i>guaifenesin ac</i>	\$0 (OTC)	
<i>guaifenesin-codeine</i>	\$0 (OTC)	
<i>loratadine / pseudoephedrine (claritin – d)</i>	\$0 (OTC)	
<i>maxi-tuss ac</i>	\$0 (OTC)	
<i>phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / bropheniramine / dextromethorphan</i>	\$0 (OTC)	
<i>phenylephrine / chlorpheniramine / dextromethorphan</i>	\$0 (OTC)	
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / dextromethorphan</i>	\$0 (OTC)	
<i>phenylephrine / dextromethorphan / guaifenesin / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / doxylamine / dextromethorphan / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / guaifenesin</i>	\$0 (OTC)	
<i>pseudoephedrine / acetaminophen</i>	\$0 (OTC)	
<i>pseudoephedrine / guaifenesin</i>	\$0 (OTC)	
<i>pseudoephedrine / ibuprofen</i>	\$0 (OTC)	
<i>virtussin a/c</i>	\$0 (OTC)	
<i>virtussin ac w/alc</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>EXPECTORANTS</b>		
<i>guaifenesin (mucinex)</i>	\$0 (OTC)	
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>camphor</i>	\$0 (OTC)	
<i>camphor / eucalyptus / menthol</i>	\$0 (OTC)	
<i>sodium chloride nasal spray</i>	\$0 (OTC)	
<b>DENTAL AND ORAL AGENTS</b>		
<i>hydrogen peroxide / benzyl alcohol</i>	\$0 (OTC)	
<i>menthol</i>	\$0 (OTC)	
<i>throat lozenge</i>	\$0 (OTC)	
<i>throat lozenges</i>	\$0 (OTC)	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>benzoyl peroxide</i>	\$0 (OTC)	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin</i>	\$0 (OTC)	
<i>bacitracin / polymyxin b (polysporin)</i>	\$0 (OTC)	
<i>bacitracin zinc</i>	\$0 (OTC)	
<i>neomycin / bacitracin / polymixin (neosporin)</i>	\$0 (OTC)	
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	\$0 (OTC)	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>clotrimazole (lotrimin)</i>	\$0 (OTC)	
<i>miconazole (micatin)</i>	\$0 (OTC)	
<i>terbinafine (lamisil)</i>	\$0 (OTC)	
<i>tolnaftate (tinactin)</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>ANTIHISTAMINES-TOPICAL</b>		
<i>diphenhydramine</i>	\$0 (OTC)	
<i>diphenhydramine / zinc</i>	\$0 (OTC)	
<b>BATH PRODUCTS</b>		
<i>bath oil</i>	\$0 (OTC)	
<i>body wash</i>	\$0 (OTC)	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>hydrocortisone</i>	\$0 (OTC)	
<b>DIAPER RASH PRODUCTS</b>		
<i>diaper rash products</i>	\$0 (OTC)	
<b>ECZEMA AGENTS</b>		
<i>anti-itch -0.5-0.5 % lotion</i>	\$0 (OTC)	
<i>cvs anti-itch -0.5-0.5 % lotion</i>	\$0 (OTC)	
<i>gnp anti-itch -0.5-0.5 % lotion</i>	\$0 (OTC)	
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea 10% and 20% (carmol)</i>	\$0 (OTC)	
<b>LINIMENTS</b>		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	\$0 (OTC)	
<i>methyl salicylate / menthol</i>	\$0 (OTC)	
<i>trolamine salicylate (myoflex)</i>	\$0 (OTC)	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin (zostrix)</i>	\$0 (OTC)	
<i>capsaicin / menthol (salonpas)</i>	\$0 (OTC)	
<i>lidocaine patches</i>	\$0 (OTC)	
<i>pramoxine / calamine</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>MISC. TOPICAL</b>		
<i>ammonium lactate (amlactin)</i>	\$0 (OTC)	
<i>calamine</i>	\$0 (OTC)	
<i>calamine / zinc oxide</i>	\$0 (OTC)	
<i>dimethicone</i>	\$0 (OTC)	
DIMETHICONE CREAM	\$0 (OTC)	
<i>emollient</i>	\$0 (OTC)	
<i>eyelid cleansers</i>	\$0 (OTC)	
<i>glycerin</i>	\$0 (OTC)	
<i>lanolin / petrolatum</i>	\$0 (OTC)	
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	\$0 (OTC)	
<i>menthol / zinc oxide</i>	\$0 (OTC)	
<i>mineral oil / petrolatum</i>	\$0 (OTC)	
MOISTURIZING CREAM (VANICREAM)	\$0 (OTC)	
<i>permethrin (nix)</i>	\$0 (OTC)	
<i>piperonyl / pyrethrins (rid)</i>	\$0 (OTC)	
<i>salicylic acid</i>	\$0 (OTC)	
SKIN OIL (JOHNSONS BABY OIL)	\$0 (OTC)	
<i>skin oils</i>	\$0 (OTC)	
<i>sodium chloride</i>	\$0 (OTC)	
<i>vitamin a</i>	\$0 (OTC)	
<i>vitamin a / vitamin d</i>	\$0 (OTC)	
<i>witch hazel</i>	\$0 (OTC)	
<i>zinc oxide (desitin)</i>	\$0 (OTC)	
<b>TAR PRODUCTS</b>		
<i>coal tar</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **WOUND CARE PRODUCTS**

<i>wound care supplies</i>	\$0 (OTC)	
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## **DIAGNOSTIC PRODUCTS**

### **DIAGNOSTIC TESTS**

KETONE TEST STRIPS	\$0 (OTC)	
ONETOUCH ULTRA	\$0 (Part B Covered)	
ONETOUCH ULTRA TEST	\$0 (Part B Covered)	
ONETOUCH VERIO STRIP	\$0 (Part B Covered)	
URINE DIAGNOSTIC STRIPS	\$0 (OTC)	

## **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

### **DIETARY MANAGEMENT PRODUCTS**

<i>l-methylfolate combinations</i>	\$0 (OTC)	
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### **NUTRITIONAL SUPPLEMENTS**

<i>coenzyme q10</i>	\$0 (OTC)	
<i>cranberry supplement</i>	\$0 (OTC)	
<i>flaxseed oil</i>	\$0 (OTC)	
<i>glucosamine / chondroitin</i>	\$0 (OTC)	
<i>glucosamine sulfate</i>	\$0 (OTC)	
<i>melatonin</i>	\$0 (OTC)	
<i>melatonin / pyridoxine</i>	\$0 (OTC)	
<i>msm supplement</i>	\$0 (OTC)	
<i>nutritional supplements</i>	\$0 (OTC)	
<i>omega-3 fatty acids (fish oil)</i>	\$0 (OTC)	
<i>sam-e supplement</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
<i>lactase (lactaid)</i>	\$0 (OTC)	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
<i>simethicone (mylicon)</i>	\$0 (OTC)	
<b>GENITOURINARY AGENTS</b>		
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>phenazopyridine (azo)</i>	\$0 (OTC)	
<i>potassium citrate</i>	\$0 (OTC)	
<i>potassium citrate / sodium citrate (cytra-3)</i>	\$0 (OTC)	
<i>sodium citrate</i>	\$0 (OTC)	
<b>HEMATOPOIETIC AGENTS</b>		
<b>COBALAMINS</b>		
<i>cyanocobalmin (vitamin b12)</i>	\$0 (OTC)	
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid</i>	\$0 (OTC)	
<b>HEMATOPOIETIC MIXTURES</b>		
<i>chewable iron</i>	\$0 (OTC)	
<i>cyanocobalmin (vitamin b12) / folic acid</i>	\$0 (OTC)	
<b>FERREX</b>	\$0 (OTC)	
<i>ferrex 150 forte</i>	\$0 (OTC)	
<i>ferrex 150 forte plus</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>ferrex 150 plus</i>	\$0 (OTC)	
<i>ferrex 28</i>	\$0 (OTC)	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	\$0 (OTC)	
<b>FERROUS SULFATE</b>	\$0 (OTC)	
<i>ferrous sulfate combination</i>	\$0 (OTC)	
<i>folic acid / vitamin b6 / vitamin b12</i>	\$0 (OTC)	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	\$0 (OTC)	
<i>iron polysaccharide complex</i>	\$0 (OTC)	
<i>vitamin c / iron (vitron-c)</i>	\$0 (OTC)	

## **IRON**

<i>carbonyl iron</i>	\$0 (OTC)	
<i>ferrous fumarate</i>	\$0 (OTC)	
<i>ferrous gluconate</i>	\$0 (OTC)	
<i>ferrous sulfate</i>	\$0 (OTC)	
<i>polysaccharide iron complex</i>	\$0 (OTC)	

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **ANTIHISTAMINE HYPNOTICS**

<i>diphenhydramine</i>	\$0 (OTC)	
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## **LAXATIVES**

### **BULK LAXATIVES**

<i>benefiber on the go powder</i>	\$0 (OTC)	
<i>calcium polycarbophil (fiber laxative)</i>	\$0 (OTC)	
<i>cellulose (unifiber)</i>	\$0 (OTC)	
<i>clear soluble fiber</i>	\$0 (OTC)	
<i>eq fiber powder</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>eql fiber supplement</i>	\$0 (OTC)	
<i>eql fiber supplement (wheat)</i>	\$0 (OTC)	
<i>gnp best fiber</i>	\$0 (OTC)	
<i>goodsense best fiber</i>	\$0 (OTC)	
<i>methylcellulose (citrucel)</i>	\$0 (OTC)	
<i>psyllium (metamucil)</i>	\$0 (OTC)	
<b>LAXATIVE COMBINATIONS</b>		
<i>senna / docusate sodium (peri-colace)</i>	\$0 (OTC)	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>glycerin suppository</i>	\$0 (OTC)	
<i>polyethylene glycol 3350 (miralax)</i>	\$0 (OTC)	
<i>sorbitol solution</i>	\$0 (OTC)	
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	\$0 (OTC)	
<b>SALINE LAXATIVES</b>		
<i>enema</i>	\$0 (OTC)	
<i>magnesium citrate solution (citroma)</i>	\$0 (OTC)	
<i>magnesium hydroxide (phillips' milk of magnesia)</i>	\$0 (OTC)	
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl (dulcolax)</i>	\$0 (OTC)	
<i>sennosides</i>	\$0 (OTC)	
<b>SURFACTANT LAXATIVES</b>		
<i>docusate calcium (surfak)</i>	\$0 (OTC)	
<i>docusate sodium (colace)</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **MEDICAL DEVICES AND SUPPLIES**

### **AUDITORY SUPPLIES**

<i>hearing aid batteries</i>	\$0 (OTC)	
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### **BANDAGES-DRESSINGS-TAPE**

GAUZE PADS	\$0 (Tier 1)	
<i>gauze pads and dressings</i>	\$0 (OTC)	

### **CONTRACEPTIVES**

<i>female condoms</i>	\$0 (OTC)	
<i>male condoms</i>	\$0 (OTC)	

### **DIABETIC SUPPLIES**

<i>blood glucose monitoring supplies</i>	\$0 (Part B Covered)	
<i>lancet device</i>	\$0 (Part B Covered)	
<i>lancets</i>	\$0 (Part B Covered)	

### **GI-GU OSTOMY & IRRIGATION SUPPLIES**

<i>catheter</i>	\$0 (OTC)	
<i>incontinence supplies</i>	\$0 (OTC)	
<i>ostomy supplies</i>	\$0 (OTC)	

### **INFANT CARE PRODUCTS**

<i>diapers</i>	\$0 (OTC)	
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### **MISC. DEVICES**

<i>alcohol swabs</i>	\$0 (Tier 1)	
ALCOHOL SWABS 1X1	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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### **OPTICAL AND OPHTHALMIC SUPPLIES**

<i>optical supplies</i>	\$0 (OTC)	
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### **PARENTERAL THERAPY SUPPLIES**

BD DISP NEEDLE	\$0 (OTC)	
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BD DISP NEEDLES DISP 16G 1-1/2" MISC, DISP 19G 1" MISC, DISP 20G 1" MISC, DISP 20G 1-1/2" MISC, DISP 22G 1-1/2" MISC, DISP 25G 5/8" MISC, DISP 25G 7/8" MISC, DISP 30G 1/2" MISC	\$0 (OTC)	
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BD ECLIPSE LUER-LOK NEEDLE	\$0 (OTC)	
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BD ECLIPSE NEEDLE 23G 1" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC	\$0 (OTC)	
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BD FILTER NEEDLE	\$0 (OTC)	
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BD HYPODERMIC NEEDLE 16G 1" MISC, 19G 1" MISC, 19G 1-1/2" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 23G 3/4" MISC, 25G 1-1/2" MISC, 26G 1/2" MISC, 26G 3/8" MISC	\$0 (OTC)	
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BD INTEGRA NEEDLE	\$0 (OTC)	
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BD LUER-LOK SYRINGE -20G 1" 10 ML MISC, -20G 1" 5 ML MISC, -20G 1-1/2" 10 ML MISC, -20G 1-1/2" 5 ML MISC, -21G 1" 10 ML MISC, -21G 1" 5 ML MISC, -21G 1-1/2" 10 ML MISC, -21G 1-1/2" 5 ML MISC, -22G 1" 10 ML MISC, -22G 1" 5 ML MISC, -22G 1-1/2" 5 ML MISC	\$0 (OTC)	
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BD PHLEBOTOMY SHARPS COLLECTOR	\$0 (OTC)	
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BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC	\$0 (OTC)	
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BD SAFETYGLIDE NEEDLE 1" MISC, 5/8" MISC	\$0 (OTC)	
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BD SAFETYGLIDE SHIELDED NEEDLE	\$0 (OTC)	
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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
BD SHARPS COLLECTOR	\$0 (OTC)	
BD SHARPS CONTAINER HOME	\$0 (OTC)	
BD SHARPS DISPOSAL BY MAIL	\$0 (OTC)	
BD YALE LNR REUSABLE NEEDLE	\$0 (OTC)	
CARETOUCH HYPODERMIC NEEDLE 20G 1" MISC, 22G 1" MISC, 23G 1" MISC, 23G 1-1/2" MISC, 25G 1" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC	\$0 (OTC)	
COMPLETE NEEDLE COLLECTION SYS	\$0 (OTC)	
CVS NEEDLE COLLECTION/DISPOSAL	\$0 (OTC)	
DROPSAFE SICURA	\$0 (OTC)	
EASY COMFORT SHARPS CONTAINER	\$0 (OTC)	
EASY TOUCH FLIPLOCK NEEDLES 19G 1" MISC, 19G 1-1/2" MISC, 20G 1" MISC, 20G 1-1/2" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 22G 3/4" MISC, 23G 1" MISC, 23G 1-1/2" MISC, 25G 1" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC, 26G 1/2" MISC, 30G 1/2" MISC	\$0 (OTC)	
EASY TOUCH FLIPLOCK SAFETY SYR 20G 1" 10 ML MISC, 20G 1" 5 ML MISC, 20G 1-1/2" 10 ML MISC, 20G 1-1/2" 5 ML MISC, 21G 1" 10 ML MISC, 21G 1" 5 ML MISC, 21G 1-1/2" 10 ML MISC, 21G 1-1/2" 5 ML MISC, 22G 1-1/2" 10 ML MISC, 22G 1-1/2" 5 ML MISC	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
EASY TOUCH HYPODERMIC NEEDLE 16G 1" MISC, 16G 1-1/2" MISC, 19G 1" MISC, 19G 1-1/2" MISC, 20G 1" MISC, 20G 1-1/2" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 23G 1-1/2" MISC, 23G 1-1/4" MISC, 23G 3/4" MISC, 25G 1" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC, 26G 1/2" MISC, 26G 3/8" MISC, 26G 5/8" MISC, 30G 1" MISC, 30G 1/2" MISC	\$0 (OTC)	
EASY TOUCH SHEATHLOCK SYRINGE 21G 1-1/2" 10 ML MISC, 21G 1-1/2" 5 ML MISC, 22G 1-1/2" 10 ML MISC, 22G 1-1/2" 5 ML MISC	\$0 (OTC)	
EASYPOINT NEEDLE 20G 1" MISC, 20G 1-1/2" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 25G 1" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC	\$0 (OTC)	
FLOW-EZE VENTED NEEDLE	\$0 (OTC)	
HUBER NEEDLE 19G 1" MISC, 20G 1" MISC, 20G 1-1/2" MISC, 20G 3/4" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 22G 3/4" MISC	\$0 (OTC)	
HYPODERMIC NEEDLE 19G 1" MISC, 19G 1-1/2" MISC, 20G 1" MISC, 20G 1-1/2" MISC, 20G 3/4" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 22G 3/4" MISC, 23G 1" MISC, 23G 1-1/2" MISC, 23G 3/4" MISC, 25G 1" MISC, 25G 1-1/2" MISC, 25G 3/4" MISC, 25G 5/8" MISC, 26G 1/2" MISC, 26G 3/8" MISC, 26G 5/8" MISC, 30G 1/2" MISC	\$0 (OTC)	
INSULIN PEN NEEDLE INSULIN PEN NEEDLE, INSULIN PEN NEEDLE	\$0 (Tier 1)	
INSULIN SYRINGE (DISP) U-100 0.3 ML	\$0 (Tier 1)	
INSULIN SYRINGE (DISP) U-100 1 ML	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
INSULIN SYRINGE (DISP) U-100 1/2 ML	\$0 (Tier 1)	
MONOJECT MEDICATION TRANSF NDL	\$0 (OTC)	
MONOJECT SYRINGES	\$0 (OTC)	
MULTI-DRAW NEEDLE -20G 1-1/2" MISC, -22G 1-1/2" MISC	\$0 (OTC)	
<i>needles and syringes</i>	\$0 (Tier 1)	
<i>needles and syringes</i>	\$0 (OTC)	
NEEDLES AND SYRINGES (OTC)	\$0 (OTC)	
<i>needles and syringes rx only</i>	\$0 (OTC)	
PERFECT POINT SAFETY NEEDLE	\$0 (OTC)	
PHLEBOTOMY SHARPS CONTAINER	\$0 (OTC)	
POLY HUB NEEDLE 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 23G 1-1/2" MISC, 25G 1" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC, 30G 1/2" MISC	\$0 (OTC)	
SAFESNAP SYRINGE 20G 1" 10 ML MISC, 20G 1" 5 ML MISC, 20G 1-1/2" 10 ML MISC, 20G 1-1/2" 5 ML MISC, 21G 1" 10 ML MISC, 21G 1" 5 ML MISC, 21G 1-1/2" 10 ML MISC, 21G 1-1/2" 5 ML MISC, 22G 1" 10 ML MISC, 22G 1" 5 ML MISC, 22G 1-1/2" 10 ML MISC, 22G 1-1/2" 5 ML MISC	\$0 (OTC)	
SAFETY SYRINGES/NEEDLE 20G 1-1/2" 10 ML MISC, 20G 1-1/2" 5 ML MISC, 21G 1-1/2" 5 ML MISC, 22G 1-1/2" 10 ML MISC, 22G 1-1/2" 5 ML MISC	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SECURESAFE HYPODERMIC NEEDLE 19G 1" MISC, 19G 1-1/2" MISC, 20G 1" MISC, 20G 1-1/2" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 23G 1-1/2" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC, 26G 1/2" MISC	\$0 (OTC)	
SECURESAFE SYRINGE/NEEDLE 1-1/2" 10 ML MISC, 1-1/2" 5 ML MISC	\$0 (OTC)	
SHARPS COLLECTOR	\$0 (OTC)	
SHARPS CONTAINER	\$0 (OTC)	
SHARPS DISPOSAL BY MAIL SYSTEM	\$0 (OTC)	
SYRINGE 20G 1-1/2" 12 ML MISC, 21G 1" 12 ML MISC, 21G 1-1/2" 12 ML MISC	\$0 (OTC)	
SYRINGE LUER LOCK 20G 1" 10 ML MISC, 20G 1" 5 ML MISC, 20G 1-1/2" 10 ML MISC, 20G 1-1/2" 5 ML MISC, 21G 1" 10 ML MISC, 21G 1" 5 ML MISC, 21G 1-1/2" 10 ML MISC, 21G 1-1/2" 5 ML MISC, 22G 1" 10 ML MISC, 22G 1" 5 ML MISC, 22G 1-1/2" 10 ML MISC, 22G 1-1/2" 5 ML MISC	\$0 (OTC)	
SYRINGE/HYPODERMIC SAFETY	\$0 (OTC)	
ULTILET SHARPS CONTAINER 1QT	\$0 (OTC)	
ULTILET SHARPS CONTAINER 2QT	\$0 (OTC)	
VANISHPOINT SAFETY SYRINGE 20G 1" 10 ML MISC, 20G 1" 5 ML MISC, 20G 1-1/2" 10 ML MISC, 20G 1-1/2" 5 ML MISC, 21G 1" 10 ML MISC, 21G 1" 5 ML MISC, 21G 1-1/2" 10 ML MISC, 21G 1-1/2" 5 ML MISC, 22G 1" 10 ML MISC, 22G 1" 5 ML MISC, 22G 1-1/2" 10 ML MISC, 22G 1-1/2" 5 ML MISC	\$0 (OTC)	
VANISHPOINT SYRINGE 1-1/2" 10 ML MISC, 1-1/2" 5 ML MISC	\$0 (OTC)	
VERIFINE SHARPS CONTAINER	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **RESPIRATORY THERAPY SUPPLIES**

DISPOSABLE MOUTHPIECE	\$0 (OTC)	
INHALER SPACER	\$0 (OTC)	
INHALER SPACER (RX)	\$0 (OTC)	
PEAK FLOW METER	\$0 (OTC)	
<i>respiratory therapy supplies</i>	\$0 (OTC)	

## **MINERALS ELECTROLYTES**

### **CALCIUM**

<i>calcium / magnesium / vitamin d</i>	\$0 (OTC)	
<i>calcium / magnesium / zinc</i>	\$0 (OTC)	
<i>calcium / phosphorus / vitamin d</i>	\$0 (OTC)	
<i>calcium / vitamin c / vitamin d</i>	\$0 (OTC)	
<i>calcium / vitamin d / vitamin k</i>	\$0 (OTC)	
<i>calcium carbonate</i>	\$0 (OTC)	
<i>calcium carbonate / vitamin d</i>	\$0 (OTC)	
<i>calcium carbonate / vitamin d / minerals</i>	\$0 (OTC)	
<i>calcium citrate</i>	\$0 (OTC)	
<i>calcium citrate / vitamin d</i>	\$0 (OTC)	

### **ELECTROLYTE MIXTURES**

<i>electrolyte solution</i>	\$0 (OTC)	
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### **FLUORIDE**

<i>sodium fluoride</i>	\$0 (OTC)	
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### **MAGNESIUM**

<i>magnesium</i>	\$0 (OTC)	
<i>magnesium chloride</i>	\$0 (OTC)	
<i>magnesium gluconate</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>magnesium oxide</i>	\$0 (OTC)	
<b>MINERAL COMBINATIONS</b>		
<i>multivitamins / minerals</i>	\$0 (OTC)	
<b>PHOSPHATE</b>		
<i>phosphorus supplement</i>	\$0 (OTC)	
<b>POTASSIUM</b>		
<i>potassium gluconate</i>	\$0 (OTC)	
<b>TRACE MINERALS</b>		
<i>chromium</i>	\$0 (OTC)	
<i>selenium</i>	\$0 (OTC)	
<b>ZINC</b>		
<i>zinc</i>	\$0 (OTC)	
<i>zinc gluconate</i>	\$0 (OTC)	
<i>zinc sulfate</i>	\$0 (OTC)	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>MISC NATURAL PRODUCTS</b>		
<i>miscellaneous natural products</i>	\$0 (OTC)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS**

### **AMPHETAMINES**

<i>amphetamine-dextroamphet er</i>	\$0 (Tier 1)	
<i>amphetamine-dextroamphetamine</i>	\$0 (Tier 1)	
<i>lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	\$0 (Tier 1)	
<i>methamphetamine hcl</i>	\$0 (Tier 1)	

### **ANTI-OBESITY AGENTS**

<i>phentermine hcl 15 mg cap</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
<i>phentermine hcl 30 mg cap, 37.5 mg cap</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
<i>phentermine hcl 37.5 mg tab</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
<b>SAXENDA</b>	\$0 (Medicaid Covered)	PA, QL (15 ML PER 30 DAYS), NDS
<b>ZEPBOUND 2.5 MG/0.5ML SOLN - INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN - INJ, 15 MG/0.5ML SOLN -INJ</b>	\$0 (Medicaid Covered)	PA, QL (2 ML PER 28 DAYS), NDS
<b>ZEPBOUND 2.5 MG/0.5ML SOLUTION, 5 MG/0.5ML SOLUTION</b>	\$0 (Medicaid Covered)	PA, QL (2 ML PER 28 DAYS), NDS

### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	\$0 (Tier 1)	

### **STIMULANTS - MISC.**

<i>armodafinil</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>methylphenidate hcl er (osm) 18 mg tab</i>	\$0 (Tier 1)	
<i>methylphenidate hcl er er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	\$0 (Tier 1)	
<i>modafinil 100 mg tab, 200 mg tab</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS)

## **AMINOGLYCOSIDES**

<i>amikacin sulfate 1 gm/4ml, 500 mg/2ml</i>	\$0 (Tier 1)	
ARIKAYCE	\$0 (Tier 1)	PA, QL (252 ML PER 30 DAYS), NDS
GENTAMICIN IN SALINE GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION	\$0 (Tier 1)	
<i>gentamicin sulfate 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>neomycin sulfate 500 mg tab</i>	\$0 (Tier 1)	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	\$0 (Tier 1)	
<i>tobramycin 300 mg/5ml nebu soln</i>	\$0 (Tier 1)	PA, QL (300 ML PER 30 DAYS), NDS
TOBRAMYCIN SULFATE TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	\$0 (Tier 1)	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	\$0 (Tier 1)	PA, QL (4.8 ML PER 28 DAYS), NDS

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

<i>leflunomide 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (84 EA PER 180 OVER TIME), NDS
XELJANZ 1 MG/ML SOLUTION	\$0 (Tier 1)	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS

### **GOLD COMPOUNDS**

RIDAURA	\$0 (Tier 1)	NDS
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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

ACTEMRA 162 MG/0.9ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	\$0 (Tier 1)	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	\$0 (Tier 1)	PA, QL (2.28 ML PER 28 DAYS), NDS
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (3.6 ML PER 28 DAYS), NDS

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	\$0 (Tier 1)	
<i>diclofenac potassium 50 mg tab</i>	\$0 (Tier 1)	
<i>diclofenac sodium 1.5 % solution</i>	\$0 (Tier 1)	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	\$0 (Tier 1)	
<i>diclofenac sodium er</i>	\$0 (Tier 1)	
<i>diflunisal 500 mg tab</i>	\$0 (Tier 1)	
<i>ec-naproxen -375 mg tab dr</i>	\$0 (Tier 1)	
<i>etodolac</i>	\$0 (Tier 1)	
<i>flurbiprofen 100 mg tab</i>	\$0 (Tier 1)	
<i>ibuprofen (motrin)</i>	\$0 (Tier 1)	
<i>ibuprofen (motrin) rx only</i>	\$0 (Tier 1)	
<i>indomethacin 25 mg cap, 50 mg cap</i>	\$0 (Tier 1)	
<i>ketorolac tromethamine 10 mg tab</i>	\$0 (Tier 1)	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	\$0 (Tier 1)	
<i>nabumetone 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab</i>	\$0 (Tier 1)	
<i>oxaprozin</i>	\$0 (Tier 1)	
<i>piroxicam 10 mg cap, 20 mg cap</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>sulindac 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA 125 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (4 ML PER 28 DAYS), NDS
ORENCIA 50 MG/0.4ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (1.6 ML PER 28 DAYS), NDS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2.8 ML PER 28 DAYS), NDS
ORENCIA CLICKJECT	\$0 (Tier 1)	PA, QL (4 ML PER 28 DAYS), NDS
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS)
FENTANYL CITRATE FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	\$0 (Tier 1)	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	\$0 (Tier 1)	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	\$0 (Tier 1)	QL (240 EA PER 30 DAYS)

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>hydromorphone hcl 8 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL METHADONE HCL 10 MG/5ML SOLUTION, METHADONE HCL 10 MG/5ML SOLUTION	\$0 (Tier 1)	PA, QL (1800 ML PER 30 DAYS)
METHADONE HCL METHADONE HCL 5 MG/5ML SOLUTION, METHADONE HCL 5 MG/5ML SOLUTION	\$0 (Tier 1)	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	\$0 (Tier 1)	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	\$0 (Tier 1)	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE 10 MG/5ML SOLUTION	\$0 (Tier 1)	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	\$0 (Tier 1)	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er</i>	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	\$0 (Tier 1)	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	\$0 (Tier 1)	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	\$0 (Tier 1)	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	\$0 (Tier 1)	QL (240 EA PER 30 DAYS)
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	\$0 (Tier 1)	QL (390 EA PER 30 DAYS)

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
ACETAMINOPHEN-CODEINE ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION, ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	\$0 (Tier 1)	QL (4980 ML PER 30 DAYS)
<i>endocet</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	\$0 (Tier 1)	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, - 10-325 mg tab, -7.5-325 mg tab</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10- 325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	\$0 (Tier 1)	PA, QL (60 EA PER 30 OVER TIME)
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	\$0 (Tier 1)	PA, QL (4 EA PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg film, -2-0.5 mg sl tab, -4-1 mg film, -8-2 mg film, -8-2 mg sl tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS)
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	\$0 (Tier 1)	
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	\$0 (Tier 1)	PA, QL (150 GM PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	\$0 (Tier 1)	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	\$0 (Tier 1)	PA, QL (180 ML PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml solution</i>	\$0 (Tier 1)	PA

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	\$0 (Tier 1)	PA
<i>testosterone cypionate 200 mg/ml solution</i>	\$0 (Tier 1)	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	\$0 (Tier 1)	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	\$0 (Tier 1)	PA, QL (120 GM PER 30 DAYS)
<i>testosterone testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel</i>	\$0 (Tier 1)	PA, QL (300 GM PER 30 DAYS)

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

<i>budesonide 2 mg, 2 mg/act</i>	\$0 (Tier 1)	PA
<i>hydrocortisone 100 mg/60ml enema</i>	\$0 (Tier 1)	

### **RECTAL STEROIDS**

<i>hydrocortisone (perianal) 1 % cream</i>	\$0 (Tier 1)	QL (240 GM PER 30 DAYS)
<i>hydrocortisone (perianal) 2.5 % cream</i>	\$0 (Tier 1)	
<i>procto-med hc</i>	\$0 (Tier 1)	
<i>proctosol hc</i>	\$0 (Tier 1)	
<i>proctozone-hc</i>	\$0 (Tier 1)	

### **VASODILATING AGENTS**

<i>nitroglycerin 0.4 % ointment</i>	\$0 (Tier 1)	
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### **ANTHELMINTICS**

<i>albendazole 200 mg tab</i>	\$0 (Tier 1)	NDS
<i>ivermectin 3 mg tab</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>praziquantel 600 mg tab</i>	\$0 (Tier 1)	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	\$0 (Tier 1)	
<i>aztreonam</i>	\$0 (Tier 1)	
<i>baciim</i>	\$0 (Tier 1)	
<i>bacitracin 50000 unit recon soln</i>	\$0 (Tier 1)	
<i>cefepime hcl cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	\$0 (Tier 1)	
CEFEPIME-DEXTROSE	\$0 (Tier 1)	
CLARITHROMYCIN CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 500 MG TAB, CLARITHROMYCIN 125 MG/5ML RECON SUSP	\$0 (Tier 1)	
<i>clarithromycin er</i>	\$0 (Tier 1)	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w</i>	\$0 (Tier 1)	
CLINDAMYCIN PHOSPHATE IN NACL	\$0 (Tier 1)	
<i>colistimethate sodium (cba)</i>	\$0 (Tier 1)	
<i>daptomycin 350 mg recon soln</i>	\$0 (Tier 1)	NDS
<i>daptomycin 500 mg recon soln</i>	\$0 (Tier 1)	NDS

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
DIFICID 200 MG TAB	\$0 (Tier 1)	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	\$0 (Tier 1)	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	\$0 (Tier 1)	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	\$0 (Tier 1)	
<i>erythromycin base erythromycin base 250 mg tab, erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab</i>	\$0 (Tier 1)	
<i>lincomycin hcl 300 mg/ml solution</i>	\$0 (Tier 1)	
<i>linezolid 100 mg/5ml recon susp</i>	\$0 (Tier 1)	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	\$0 (Tier 1)	
LINEZOLID IN SODIUM CHLORIDE	\$0 (Tier 1)	
<i>metronidazole 250 mg tab, 500 mg tab, 500 mg/100ml solution</i>	\$0 (Tier 1)	
<i>pentamidine isethionate for injection solution</i>	\$0 (Tier 1)	
<i>pentamidine isethionate for nebulization solution</i>	\$0 (Tier 1)	QL (1 EA PER 28 DAYS), PA <sup>3</sup>
TEFLARO	\$0 (Tier 1)	NDS
<i>tigecycline 50 mg recon soln</i>	\$0 (Tier 1)	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>trimethoprim 100 mg tab</i>	\$0 (Tier 1)	
TRIMETHOPRIM 100 MG TAB	\$0 (Tier 1)	
VANCOMYCIN HCL 100 GM RECON SOLN	\$0 (Tier 1)	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 750 mg recon soln</i>	\$0 (Tier 1)	
XIFAXAN 200 MG TAB	\$0 (Tier 1)	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	\$0 (Tier 1)	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone 750 mg/5ml suspension</i>	\$0 (Tier 1)	
<i>nitazoxanide nitazoxanide 500 mg tab, nitazoxanide 500 mg tab</i>	\$0 (Tier 1)	QL (6 EA PER 3 OVER TIME), NDS
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	\$0 (Tier 1)	
<i>meropenem</i>	\$0 (Tier 1)	
MEROPENEM-SODIUM CHLORIDE	\$0 (Tier 1)	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	\$0 (Tier 1)	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	\$0 (Tier 1)	
<i>methenamine hippurate</i>	\$0 (Tier 1)	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>nitrofurantoin monohydrate macro</i>	\$0 (Tier 1)	

## **ANTIANGINAL AGENTS**

### **NITRATES**

<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
ISOSORBIDE MONONITRATE 10 MG TAB	\$0 (Tier 1)	
ISOSORBIDE MONONITRATE 20 MG TAB	\$0 (Tier 1)	
<i>isosorbide mononitrate er</i>	\$0 (Tier 1)	
NITRO-BID	\$0 (Tier 1)	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	\$0 (Tier 1)	

## **ANTIANSIETY AGENTS**

### **ANTIANSIETY AGENTS - MISC.**

<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	\$0 (Tier 1)	

### **BENZODIAZEPINES**

<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>alprazolam 2 mg tab</i>	\$0 (Tier 1)	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>clorazepate dipotassium</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/5ml solution</i>	\$0 (Tier 1)	QL (1200 ML PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/ml conc</i>	\$0 (Tier 1)	QL (240 ML PER 30 DAYS), PA <sup>2</sup>

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>diazepam intensol</i>	\$0 (Tier 1)	QL (240 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 2 mg/ml conc</i>	\$0 (Tier 1)	QL (150 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam intensol</i>	\$0 (Tier 1)	QL (150 ML PER 30 DAYS), PA <sup>2</sup>
<i>oxazepam</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup>

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate</i>	\$0 (Tier 1)	
<i>quinidine gluconate er</i>	\$0 (Tier 1)	
QUINIDINE SULFATE 200 MG TAB	\$0 (Tier 1)	
<i>quinidine sulfate 300 mg tab</i>	\$0 (Tier 1)	
QUINIDINE SULFATE 300 MG TAB	\$0 (Tier 1)	

### **ANTIARRHYTHMICS TYPE I-B**

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	\$0 (Tier 1)	
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### **ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate</i>	\$0 (Tier 1)	
<i>propafenone hcl</i>	\$0 (Tier 1)	
<i>propafenone hcl er</i>	\$0 (Tier 1)	

### **ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	\$0 (Tier 1)	
<i>dofetilide</i>	\$0 (Tier 1)	
<i>pacerone</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	\$0 (Tier 1)	PA <sup>3</sup>
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### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

DUPIXENT 100 MG/0.67ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, NDS
FASENRA PEN	\$0 (Tier 1)	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	\$0 (Tier 1)	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, QL (2 ML PER 28 DAYS), NDS
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	\$0 (Tier 1)	PA, QL (1 ML PER 28 DAYS), NDS

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA	\$0 (Tier 1)	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	\$0 (Tier 1)	PA <sup>3</sup>
SPIRIVA HANDIHALER	\$0 (Tier 1)	QL (90 EA PER 90 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SPIRIVA RESPIMAT	\$0 (Tier 1)	QL (4 GM PER 30 DAYS)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>zafirlukast</i>	\$0 (Tier 1)	
<b>STEROID INHALANTS</b>		
ARNUIITY ELLIPTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
ASMANEX HFA	\$0 (Tier 1)	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	\$0 (Tier 1)	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	\$0 (Tier 1)	QL (21.2 GM PER 30 DAYS)
QVAR REDIHALER 40 MCG/ACT AERO BA	\$0 (Tier 1)	QL (10.6 GM PER 30 DAYS)
QVAR REDIHALER 80 MCG/ACT AERO BA	\$0 (Tier 1)	QL (21.2 GM PER 30 DAYS)
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	\$0 (Tier 1)	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>albuterol sulfate 2 mg tab, 2 mg/5ml syrup, 4 mg tab</i>	\$0 (Tier 1)	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>albuterol sulfate hfa (proair equivalent)</i>	\$0 (Tier 1)	QL (13.4 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>albuterol sulfate hfa (proventil equivalent)</i>	\$0 (Tier 1)	QL (13.4 GM PER 30 DAYS)
ANORO ELLIPTA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
BREO ELLIPTA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>breyna</i>	\$0 (Tier 1)	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	\$0 (Tier 1)	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	\$0 (Tier 1)	QL (8 GM PER 30 DAYS)
DULERA	\$0 (Tier 1)	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	\$0 (Tier 1)	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
<i>ipratropium-albuterol</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	\$0 (Tier 1)	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
STIOLTO RESPIMAT	\$0 (Tier 1)	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	\$0 (Tier 1)	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	\$0 (Tier 1)	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)

## **ANTICOAGULANTS**

### **ANTICOAGULANTS - MISC.**

<i>dabigatran etexilate mesylate</i>	\$0 (Tier 1)	
ELIQUIS	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
ELIQUIS DVT/PE STARTER PACK	\$0 (Tier 1)	
XARELTO	\$0 (Tier 1)	
XARELTO STARTER PACK	\$0 (Tier 1)	
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	\$0 (Tier 1)	
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	\$0 (Tier 1)	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	\$0 (Tier 1)	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	\$0 (Tier 1)	NDS
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	\$0 (Medicaid Covered)	
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	\$0 (Tier 1)	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	\$0 (Tier 1)	QL (480 ML PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab, 2 mg tab disp</i>	\$0 (Tier 1)	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
LIBERVANT	\$0 (Tier 1)	QL (10 EA PER 30 DAYS), PA <sup>2</sup>
NAYZILAM	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME)
SYMPAZAN 10 MG FILM, 20 MG FILM	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), NDS
SYMPAZAN 5 MG FILM	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
VALTOCO 10 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM 200 MG TAB, 400 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	\$0 (Tier 1)	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension</i>	\$0 (Tier 1)	
<i>carbamazepine er</i>	\$0 (Tier 1)	
DIACOMIT	\$0 (Tier 1)	LA, PA <sup>2</sup> , NDS
DILANTIN 30 MG CAP	\$0 (Tier 1)	
EPIDIOLEX	\$0 (Tier 1)	LA, PA <sup>2</sup> , NDS
<i>epitol</i>	\$0 (Tier 1)	
EPRONTIA	\$0 (Tier 1)	
FINTEPLA	\$0 (Tier 1)	LA, QL (360 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	\$0 (Tier 1)	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
FYCOMPA 2 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup>
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>gabapentin 100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab</i>	\$0 (Tier 1)	
<i>lacosamide 10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
<i>lamotrigine er</i>	\$0 (Tier 1)	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	\$0 (Tier 1)	
<i>levetiracetam er</i>	\$0 (Tier 1)	
<i>oxcarbazepine</i>	\$0 (Tier 1)	
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>phenytek</i>	\$0 (Tier 1)	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	\$0 (Tier 1)	
<i>phenytoin infatabs</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended</i>	\$0 (Tier 1)	
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	\$0 (Tier 1)	
PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB	\$0 (Tier 1)	
<i>roweepra 500 mg tab</i>	\$0 (Tier 1)	
<i>rufinamide 200 mg tab</i>	\$0 (Tier 1)	PA <sup>2</sup>
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	\$0 (Tier 1)	PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SPRITAM	\$0 (Tier 1)	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
ZONISADE	\$0 (Tier 1)	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	
ZTALMY	\$0 (Tier 1)	LA, QL (1100 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<b>CARBAMATES</b>		
<i>felbamate</i>	\$0 (Tier 1)	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI (350 MG DAILY DOSE)	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI 150 MG TAB, 200 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	\$0 (Tier 1)	QL (28 EA PER 28 DAYS), PA <sup>2</sup>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	\$0 (Tier 1)	
<i>vigabatrin</i>	\$0 (Tier 1)	LA, PA <sup>2</sup> , NDS
<i>vigadrone</i>	\$0 (Tier 1)	LA, PA <sup>2</sup> , NDS
VIGAFYDE	\$0 (Tier 1)	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<i>vigpoder</i>	\$0 (Tier 1)	LA, PA <sup>2</sup> , NDS
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	\$0 (Tier 1)	
<i>methsuximide</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **VALPROIC ACID**

<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	\$0 (Tier 1)	
<i>divalproex sodium er</i>	\$0 (Tier 1)	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	\$0 (Tier 1)	

## **ANTIDEPRESSANTS**

### **ANTIDEPRESSANTS - MISC.**

AUVELITY	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>bupropion hcl er (sr)</i>	\$0 (Tier 1)	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	\$0 (Tier 1)	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp</i>	\$0 (Tier 1)	
ZURZUVAE 20 MG CAP, 25 MG CAP	\$0 (Tier 1)	QL (28 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS
ZURZUVAE 30 MG CAP	\$0 (Tier 1)	QL (14 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS

### **MONOAMINE OXIDASE INHIBITORS (MAOIS)**

EMSAM	\$0 (Tier 1)	NDS
MARPLAN	\$0 (Tier 1)	
PHENELZINE SULFATE PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE 15 MG TAB	\$0 (Tier 1)	
<i>tranylcypromine sulfate</i>	\$0 (Tier 1)	

### **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

<i>citalopram hydrobromide 10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>escitalopram oxalate 5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>fluoxetine hcl fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap, fluoxetine hcl 90 mg cap dr</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate er</i>	\$0 (Tier 1)	
<i>paroxetine hcl</i>	\$0 (Tier 1)	
<i>paroxetine hcl er</i>	\$0 (Tier 1)	
<i>sertraline hcl 20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	\$0 (Tier 1)	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
TRINTELLIX	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	\$0 (Tier 1)	
DRIZALMA SPRINKLE	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	\$0 (Tier 1)	
FETZIMA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	\$0 (Tier 1)	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	\$0 (Tier 1)	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	\$0 (Tier 1)	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	
<i>amoxapine</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	\$0 (Tier 1)	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	\$0 (Tier 1)	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	\$0 (Tier 1)	
<i>protriptyline hcl</i>	\$0 (Tier 1)	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	

## **ANTIDIABETICS**

### **ANTIDIABETIC COMBINATIONS**

<i>glipizide-metformin hcl</i>	\$0 (Tier 1)	
GLYXAMBI	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
JANUMET	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	
<i>pioglitazone hcl-metformin hcl</i>	\$0 (Tier 1)	
SOLIQUA	\$0 (Tier 1)	QL (90 ML PER 30 DAYS), INS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SYNJARDY	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<b>DIABETIC OTHER</b>		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
CYCLOSET	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	\$0 (Tier 1)	
GLUCAGON EMERGENCY	\$0 (Tier 1)	
GVOKE HYPOPEN 1-PACK	\$0 (Tier 1)	
GVOKE HYPOPEN 2-PACK	\$0 (Tier 1)	
GVOKE KIT	\$0 (Tier 1)	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	\$0 (Tier 1)	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	\$0 (Tier 1)	
<i>metformin hcl er</i>	\$0 (Tier 1)	
<i>mifepristone 300 mg tab</i>	\$0 (Tier 1)	PA, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	\$0 (Tier 1)	
<i>pioglitazone hcl</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>repaglinide</i>	\$0 (Tier 1)	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
TRADJENTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	\$0 (Tier 1)	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
TRULICITY	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS)
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 1)	PA <sup>3</sup> , INS
HUMULIN R U-500 KWIKPEN	\$0 (Tier 1)	INS
INSULIN ASP PROT & ASP FLEXPEN	\$0 (Tier 1)	INS
INSULIN ASPART	\$0 (Tier 1)	PA <sup>3</sup> , INS
INSULIN ASPART FLEXPEN	\$0 (Tier 1)	INS
INSULIN ASPART PENFILL	\$0 (Tier 1)	INS
INSULIN ASPART PROT & ASPART	\$0 (Tier 1)	INS
LANTUS	\$0 (Tier 1)	INS
LANTUS SOLOSTAR	\$0 (Tier 1)	INS
NOVOLOG	\$0 (Tier 1)	PA <sup>3</sup> , INS
NOVOLOG 70/30 FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLOG FLEXPEN	\$0 (Tier 1)	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
NOVOLOG FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLOG MIX 70/30	\$0 (Tier 1)	INS
NOVOLOG MIX 70/30 FLEXPEN	\$0 (Tier 1)	INS
NOVOLOG MIX 70/30 RELION	\$0 (Tier 1)	INS
NOVOLOG PENFILL	\$0 (Tier 1)	INS
NOVOLOG RELION	\$0 (Tier 1)	PA <sup>3</sup> , INS
TOUJEO MAX SOLOSTAR	\$0 (Tier 1)	INS
TOUJEO SOLOSTAR	\$0 (Tier 1)	INS

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

FARXIGA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
JARDIANCE	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)

### **SULFONYLUREAS**

<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	\$0 (Tier 1)	
<i>glipizide 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>glipizide er</i>	\$0 (Tier 1)	
<i>glipizide xl</i>	\$0 (Tier 1)	

### **ANTIDIARRHEALS**

#### **ANTIDIARRHEAL AGENTS - MISC.**

<i>alosetron hcl 1 mg tab</i>	\$0 (Tier 1)	NDS
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	\$0 (Tier 1)	
<i>loperamide (immodium)</i>	\$0 (Tier 1)	
<i>loperamide (immodium) rx only</i>	\$0 (Tier 1)	
XERMELO	\$0 (Tier 1)	PA, LA, QL (84 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

### **OPIOID ANTAGONISTS**

KLOXXADO	\$0 (Tier 1)	
NALOXONE HCL NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION	\$0 (Tier 1)	
<i>naltrexone hcl 50 mg tab</i>	\$0 (Tier 1)	
OPVEE	\$0 (Tier 1)	
VIVITROL	\$0 (Tier 1)	NDS
ZIMHI	\$0 (Tier 1)	

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

<i>granisetron hcl 1 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>3</sup>
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>ondansetron hcl 4 mg tab, 4 mg/5ml solution</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>ondansetron hcl 8 mg tab</i>	\$0 (Tier 1)	PA <sup>3</sup>

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>meclizine</i>	\$0 (Tier 1)	
<i>meclizine rx only</i>	\$0 (Tier 1)	
<i>scopolamine</i>	\$0 (Tier 1)	

### **ANTIEMETICS - MISCELLANEOUS**

<i>aprepitant 40 mg cap, 125 mg cap</i>	\$0 (Tier 1)	QL (3 EA PER 2 OVER TIME), PA <sup>3</sup>
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>aprepitant 80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap</i>	\$0 (Tier 1)	QL (6 EA PER 4 OVER TIME), PA <sup>3</sup>
<i>dronabinol</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS)

## **ANTIFUNGALS**

### **ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

<i>caspofungin acetate 50 mg recon soln</i>	\$0 (Tier 1)	
<i>caspofungin acetate 70 mg recon soln</i>	\$0 (Tier 1)	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	\$0 (Tier 1)	
ABELCET	\$0 (Tier 1)	PA <sup>3</sup>
AMPHOTERICIN B 50 MG RECON SOLN	\$0 (Tier 1)	PA <sup>3</sup>
<i>flucytosine 250 mg cap, 500 mg cap</i>	\$0 (Tier 1)	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 1)	
<i>nystatin 500000 unit tab</i>	\$0 (Tier 1)	
<i>terbinafine hcl 250 mg tab</i>	\$0 (Tier 1)	

### **IMIDAZOLE-RELATED ANTIFUNGALS**

CRESEMBA 372 MG RECON SOLN	\$0 (Tier 1)	NDS
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution</i>	\$0 (Tier 1)	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	\$0 (Tier 1)	PA
<i>ketoconazole 200 mg tab</i>	\$0 (Tier 1)	
<i>posaconazole 100 mg tab dr</i>	\$0 (Tier 1)	PA, NDS

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>voriconazole 200 mg recon soln</i>	\$0 (Tier 1)	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	\$0 (Tier 1)	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	\$0 (Tier 1)	PA

## **ANTHYPERLIPIDEMICS**

### **ANTHYPERLIPIDEMICS - MISC.**

<i>ezetimibe</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	\$0 (Tier 1)	
<i>niacin er (antihyperlipidemic)</i>	\$0 (Tier 1)	
<i>omega-3-acid ethyl esters</i>	\$0 (Tier 1)	
REPATHA	\$0 (Tier 1)	QL (2 ML PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	\$0 (Tier 1)	QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	\$0 (Tier 1)	QL (2 ML PER 28 DAYS)

### **BILE ACID SEQUESTRANTS**

<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	\$0 (Tier 1)	
<i>cholestyramine light</i>	\$0 (Tier 1)	
<i>colesevelam hcl</i>	\$0 (Tier 1)	
<i>colestipol hcl</i>	\$0 (Tier 1)	
<i>prevalite</i>	\$0 (Tier 1)	

### **FIBRIC ACID DERIVATIVES**

<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	\$0 (Tier 1)	
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	\$0 (Tier 1)	
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	\$0 (Tier 1)	
<i>gemfibrozil 600 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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### **HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	\$0 (Tier 1)	
<i>fluvastatin sodium</i>	\$0 (Tier 1)	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>pravastatin sodium</i>	\$0 (Tier 1)	
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	\$0 (Tier 1)	

### **ANTIHYPERTENSIVES**

#### **ACE INHIBITORS**

<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>fosinopril sodium</i>	\$0 (Tier 1)	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>moexipril hcl</i>	\$0 (Tier 1)	
<b>PERINDOPRIL ERBUMINE 2 MG TAB</b>	\$0 (Tier 1)	
<i>perindopril erbumine 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	
<b>PERINDOPRIL ERBUMINE 8 MG TAB</b>	\$0 (Tier 1)	
<i>quinapril hcl</i>	\$0 (Tier 1)	
<i>ramipril</i>	\$0 (Tier 1)	
<i>trandolapril</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil</i>	\$0 (Tier 1)	
<i>irbesartan</i>	\$0 (Tier 1)	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>telmisartan</i>	\$0 (Tier 1)	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	\$0 (Tier 1)	

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine tablet</i>	\$0 (Tier 1)	
<i>clonidine weekly patch</i>	\$0 (Tier 1)	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	
<i>guanfacine hcl</i>	\$0 (Tier 1)	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	\$0 (Tier 1)	
<i>terazosin hcl</i>	\$0 (Tier 1)	

### **ANTIHYPERTENSIVE COMBINATIONS**

<i>amlodipine besy-benazepril hcl</i>	\$0 (Tier 1)	
<i>amlodipine besylate-valsartan</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan-hctz</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>candesartan cilexetil-hctz</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>fosinopril sodium-hctz</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>irbesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>losartan potassium-hctz</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil-hctz</i>	\$0 (Tier 1)	
<i>olmesartan-amlodipine-hctz</i>	\$0 (Tier 1)	
TELMISARTAN-AMLODIPINE	\$0 (Tier 1)	
<i>telmisartan-hctz</i>	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide</i>	\$0 (Tier 1)	
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>aliskiren fumarate</i>	\$0 (Tier 1)	
<i>epplerenone</i>	\$0 (Tier 1)	
<i>metyrosine</i>	\$0 (Tier 1)	PA, NDS
<b>VASODILATORS</b>		
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	\$0 (Tier 1)	
COARTEM	\$0 (Tier 1)	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>hydroxychloroquine sulfate 200 mg tab</i>	\$0 (Tier 1)	
<i>mefloquine hcl</i>	\$0 (Tier 1)	
<i>primaquine phosphate</i>	\$0 (Tier 1)	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>pyrimethamine 25 mg tab</i>	\$0 (Tier 1)	PA, LA, NDS
<i>quinine sulfate 324 mg cap</i>	\$0 (Tier 1)	PA

### **ANTIMYASTHENIC/CHOLINERGIC AGENTS**

FIRDAPSE	\$0 (Tier 1)	PA, NDS
<i>pyridostigmine bromide 60 mg tab, 60 mg/5ml solution</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide er</i>	\$0 (Tier 1)	

### **ANTIMYCOBACTERIAL AGENTS**

<i>dapsone 25 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	\$0 (Tier 1)	
ISONIAZID 100 MG TAB, 100 MG/ML SOLUTION	\$0 (Tier 1)	
<i>isoniazid 300mg tab</i>	\$0 (Tier 1)	
<i>isoniazid 50mg/5ml syrup</i>	\$0 (Tier 1)	
PRIFTIN	\$0 (Tier 1)	
<i>pyrazinamide 500 mg tab</i>	\$0 (Tier 1)	
<i>rifabutin</i>	\$0 (Tier 1)	
<i>rifampin 150 mg cap, 300 mg cap, 600 mg recon soln</i>	\$0 (Tier 1)	
SIRTURO	\$0 (Tier 1)	PA, LA, NDS
TRECTOR	\$0 (Tier 1)	

### **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

#### **ALKYLATING AGENTS**

<i>cyclophosphamide 25 mg cap</i>	\$0 (Tier 1)	PA <sup>3</sup>
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	\$0 (Tier 1)	PA <sup>3</sup>
<i>cyclophosphamide 50 mg cap</i>	\$0 (Tier 1)	PA <sup>3</sup>

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
GLEOSTINE 10 MG CAP	\$0 (Tier 1)	
GLEOSTINE 40 MG CAP, 100 MG CAP	\$0 (Tier 1)	NDS
<i>temozolomide</i>	\$0 (Part B Covered)	
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	\$0 (Part B Covered)	
<i>mercaptopurine 50 mg tab</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	\$0 (Tier 1)	
<i>methotrexate sodium 2.5 mg tab, 50 mg/2ml solution</i>	\$0 (Tier 1)	
ONUREG	\$0 (Tier 1)	QL (14 EA PER 28 DAYS), PA <sup>2</sup> , NDS
PURIXAN	\$0 (Tier 1)	LA, NDS
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA 1 MG CAP	\$0 (Tier 1)	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
FRUZAQLA 5 MG CAP	\$0 (Tier 1)	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
INLYTA 1 MG TAB	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
INLYTA 5 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (10 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (12 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (14 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (18 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (20 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
LENVIMA (24 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (4 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (8 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>erlotinib hcl 25 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>gefitinib</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
GILOTRIF	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAGRISO	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VIZIMPRO	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
DAURISMO 25 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERIVEDGE	\$0 (Tier 1)	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ODOMZO	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>abiraterone acetate 500 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
AKEEGA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>anastrozole 1 mg tab</i>	\$0 (Tier 1)	
<i>bicalutamide</i>	\$0 (Tier 1)	
ELIGARD 22.5 MG KIT	\$0 (Tier 1)	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	\$0 (Tier 1)	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	\$0 (Tier 1)	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	\$0 (Tier 1)	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERLEADA 60 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>exemestane</i>	\$0 (Tier 1)	
FIRMAGON	\$0 (Tier 1)	PA <sup>2</sup>
FIRMAGON (240 MG DOSE)	\$0 (Tier 1)	PA <sup>2</sup>
<i>letrozole 2.5 mg tab</i>	\$0 (Tier 1)	
LUPRON DEPOT (1-MONTH) -3.75 MG KIT	\$0 (Tier 1)	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) -11.25 MG KIT	\$0 (Tier 1)	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	\$0 (Tier 1)	LA, NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	PA <sup>2</sup>
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	\$0 (Tier 1)	PA
<i>nilutamide</i>	\$0 (Tier 1)	PA <sup>2</sup> , NDS
NUBEQA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORGOVYX	\$0 (Tier 1)	LA, QL (30 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ORSERDU 345 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORSERDU 86 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SOLTAMOX	\$0 (Tier 1)	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>toremifene citrate</i>	\$0 (Tier 1)	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	\$0 (Tier 1)	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	\$0 (Tier 1)	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	\$0 (Tier 1)	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XTANDI 80 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	\$0 (Tier 1)	LA, QL (5 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (200 MG DOSE)	\$0 (Tier 1)	QL (49 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (400 MG DOSE)	\$0 (Tier 1)	QL (70 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (600 MG DOSE)	\$0 (Tier 1)	QL (91 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 15-6.14 MG TAB	\$0 (Tier 1)	LA, QL (100 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 20-8.19 MG TAB	\$0 (Tier 1)	LA, QL (80 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 30 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
AUGTYRO	\$0 (Tier 1)	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 3 MG TAB, 4 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 5 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG CAP	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 400 MG TAB, 500 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 50 MG CAP	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRAFTOVI	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRUKINSA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CABOMETYX	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE 100 MG CAP	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE 100 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 100 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 300 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (100 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (140 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (60 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COPIKTRA	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
COTELLIC	\$0 (Tier 1)	LA, QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>dasatinib 20 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2 mg tab sol</i>	\$0 (Tier 1)	QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 3 mg tab sol</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 5 mg tab sol</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FOTIVDA	\$0 (Tier 1)	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
GAVRETO	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IBRANCE	\$0 (Tier 1)	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ICLUSIG	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IDHIFA	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 100 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 400 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 140 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG/ML SUSPENSION	\$0 (Tier 1)	LA, QL (324 ML PER 30 DAYS), PA <sup>2</sup> , NDS
INREBIC	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
JAKAFI	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 100 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 50 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KISQALI (200 MG DOSE)	\$0 (Tier 1)	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (400 MG DOSE)	\$0 (Tier 1)	QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (600 MG DOSE)	\$0 (Tier 1)	QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 10 MG CAP	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 25 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KRAZATI	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>lapatinib ditosylate</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 100 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 25 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 120 MG TAB	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 320 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LYNPARZA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (12 MG DAILY DOSE)	\$0 (Tier 1)	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (16 MG DAILY DOSE)	\$0 (Tier 1)	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (20 MG DAILY DOSE)	\$0 (Tier 1)	QL (140 EA PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
MEKINIST 0.05 MG/ML RECON SOLN	\$0 (Tier 1)	QL (1200 ML PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.5 MG TAB	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 2 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKTOVI	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NERLYNX	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NINLARO	\$0 (Tier 1)	LA, QL (3 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 50 MG TAB	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
OJEMDA 100 MG TAB	\$0 (Tier 1)	QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OJEMDA 25 MG/ML RECON SUSP	\$0 (Tier 1)	QL (96 ML PER 28 DAYS), PA <sup>2</sup> , NDS
OJJAARA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>pazopanib hcl</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PEMAZYRE	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (200 MG DAILY DOSE)	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (250 MG DAILY DOSE)	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (300 MG DAILY DOSE)	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
QINLOCK	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG CAP	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
RETEVMO 40 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REZLIDHIA	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 100 MG CAP	\$0 (Tier 1)	LA, QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 200 MG CAP	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 50 MG PACKET	\$0 (Tier 1)	QL (336 EA PER 28 DAYS), PA <sup>2</sup> , NDS
RUBRACA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RYDAPT	\$0 (Tier 1)	QL (224 EA PER 28 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 100 MG TAB	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 20 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 40 MG TAB	\$0 (Tier 1)	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>sorafenib tosylate</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
STIVARGA	\$0 (Tier 1)	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>sunitinib malate</i>	\$0 (Tier 1)	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TABRECTA	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 10 MG TAB SOL	\$0 (Tier 1)	QL (840 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
TALZENNA 0.1 MG CAP, 0.35 MG CAP	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.25 MG CAP	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TASIGNA 150 MG CAP, 200 MG CAP	\$0 (Tier 1)	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TASIGNA 50 MG CAP	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAZVERIK	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TEPMETKO	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TIBSOVO	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>torpenz</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TRUQAP	\$0 (Tier 1)	QL (64 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TURALIO 125 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 17.7 MG TAB	\$0 (Tier 1)	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 26.5 MG TAB	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VERZENIO	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 100 MG CAP	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 20 MG/ML SOLUTION	\$0 (Tier 1)	LA, QL (300 ML PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 25 MG CAP	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VONJO	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
XALKORI 150 MG CAP SPRINK	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 200 MG CAP	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 250 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XOSPATA	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZELBORAF	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZOLINZA	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYDELIG	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYKADIA	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	\$0 (Tier 1)	LA, PA <sup>2</sup> , NDS
AYVAKIT	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BESREMI	\$0 (Tier 1)	LA, QL (2 ML PER 28 DAYS), PA <sup>2</sup> , NDS
<i>bexarotene 75 mg cap</i>	\$0 (Tier 1)	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>hydroxyurea 500 mg cap</i>	\$0 (Tier 1)	
MATULANE	\$0 (Tier 1)	LA, NDS
POMALYST	\$0 (Tier 1)	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>tretinoin 10 mg cap</i>	\$0 (Tier 1)	NDS
TUKYSA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
VENCLEXTA 10 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup>
VENCLEXTA 100 MG TAB	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 50 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA STARTING PACK	\$0 (Tier 1)	LA, QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
WELIREG	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	\$0 (Tier 1)	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	\$0 (Tier 1)	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	\$0 (Tier 1)	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	\$0 (Tier 1)	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG TWICE WEEKLY)	\$0 (Tier 1)	LA, QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	\$0 (Tier 1)	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG TWICE WEEKLY)	\$0 (Tier 1)	LA, QL (32 EA PER 28 DAYS), PA <sup>2</sup> , NDS

### **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

IWILFIN	\$0 (Tier 1)	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	\$0 (Tier 1)	
MESNEX 400 MG TAB	\$0 (Tier 1)	NDS

### **ANTIPARKINSON AND RELATED THERAPY AGENTS**

#### **ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa 25 mg tab</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>entacapone</i>	\$0 (Tier 1)	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	\$0 (Tier 1)	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	\$0 (Tier 1)	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	\$0 (Tier 1)	
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA- LEVODOPA 25-250 MG TAB DISP	\$0 (Tier 1)	
<i>carbidopa-levodopa er</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride</i>	\$0 (Tier 1)	
<i>ropinirole hcl</i>	\$0 (Tier 1)	
<i>ropinirole hcl er</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
RYTARY	\$0 (Tier 1)	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	\$0 (Tier 1)	
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	\$0 (Tier 1)	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	\$0 (Tier 1)	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP	\$0 (Tier 1)	
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab</i>	\$0 (Tier 1)	
LITHIUM CARBONATE 600 MG CAP	\$0 (Tier 1)	
<i>lithium carbonate er</i>	\$0 (Tier 1)	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate</i>	\$0 (Tier 1)	
<i>lurasidone hcl</i>	\$0 (Tier 1)	
MOLINDONE HCL	\$0 (Tier 1)	
NUPLAZID	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>thiothixene</i>	\$0 (Tier 1)	
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	\$0 (Tier 1)	
<i>ziprasidone mesylate</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>BENZISOXAZOLES</b>		
FANAPT	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FANAPT TITRATION PACK	\$0 (Tier 1)	QL (8 EA PER 180 OVER TIME), PA <sup>2</sup>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	\$0 (Tier 1)	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	\$0 (Tier 1)	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	\$0 (Tier 1)	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	\$0 (Tier 1)	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	\$0 (Tier 1)	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	\$0 (Tier 1)	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	\$0 (Tier 1)	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	\$0 (Tier 1)	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	\$0 (Tier 1)	QL (1.32 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	\$0 (Tier 1)	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	\$0 (Tier 1)	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er 6 mg tab 24h</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
PERSERIS	\$0 (Tier 1)	QL (1 EA PER 30 DAYS), NDS
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	\$0 (Tier 1)	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	\$0 (Tier 1)	QL (2 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>risperidone risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab disp, risperidone 0.25 mg tab disp, risperidone 4 mg tab</i>	\$0 (Tier 1)	
UZEDY 100 MG/0.28ML SUSP PRSYR	\$0 (Tier 1)	QL (0.28 ML PER 30 DAYS), NDS
UZEDY 125 MG/0.35ML SUSP PRSYR	\$0 (Tier 1)	QL (0.35 ML PER 30 DAYS), NDS
UZEDY 150 MG/0.42ML SUSP PRSYR	\$0 (Tier 1)	QL (0.42 ML PER 60 OVER TIME), NDS
UZEDY 200 MG/0.56ML SUSP PRSYR	\$0 (Tier 1)	QL (0.56 ML PER 60 OVER TIME), NDS
UZEDY 250 MG/0.7ML SUSP PRSYR	\$0 (Tier 1)	QL (0.7 ML PER 60 OVER TIME), NDS
UZEDY 50 MG/0.14ML SUSP PRSYR	\$0 (Tier 1)	QL (0.14 ML PER 30 DAYS), NDS
UZEDY 75 MG/0.21ML SUSP PRSYR	\$0 (Tier 1)	QL (0.21 ML PER 30 DAYS), NDS
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
CLOZAPINE 12.5 MG TAB DISP	\$0 (Tier 1)	
<i>clozapine clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp, clozapine 150 mg tab disp</i>	\$0 (Tier 1)	
<i>loxapine succinate</i>	\$0 (Tier 1)	
<i>olanzapine</i>	\$0 (Tier 1)	
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	\$0 (Tier 1)	
<i>quetiapine fumarate er</i>	\$0 (Tier 1)	
SECUADO	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
VERSACLOZ	\$0 (Tier 1)	NDS
<i>zyprexa 20 mg tab</i>	\$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG RECON SUSP	\$0 (Tier 1)	QL (2 EA PER 28 DAYS)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc</i>	\$0 (Tier 1)	
<i>compro</i>	\$0 (Tier 1)	
<i>fluphenazine decanoate 25 mg/ml solution</i>	\$0 (Tier 1)	
<i>fluphenazine hcl fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab</i>	\$0 (Tier 1)	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	\$0 (Tier 1)	
<i>prochlorperazine</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl</i>	\$0 (Tier 1)	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	\$0 (Tier 1)	QL (2.4 ML PER 56 OVER TIME), NDS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	\$0 (Tier 1)	QL (3.2 ML PER 56 OVER TIME), NDS
ABILIFY MAINTENA	\$0 (Tier 1)	QL (1 EA PER 28 DAYS), NDS
<i>aripiprazole 1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	\$0 (Tier 1)	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	\$0 (Tier 1)	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	\$0 (Tier 1)	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	\$0 (Tier 1)	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	\$0 (Tier 1)	QL (4.8 ML PER 365 OVER TIME), NDS
REXULTI	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), NDS

## **ANTIVIRALS**

### **ANTIRETROVIRALS**

<i>abacavir sulfate</i>	\$0 (Tier 1)	
<i>abacavir sulfate-lamivudine</i>	\$0 (Tier 1)	
APTIVUS 250 MG CAP	\$0 (Tier 1)	NDS
<i>atazanavir sulfate</i>	\$0 (Tier 1)	
BIKTARVY	\$0 (Tier 1)	NDS
CIMDUO	\$0 (Tier 1)	NDS
COMPLERA	\$0 (Tier 1)	NDS
<i>darunavir</i>	\$0 (Tier 1)	NDS
DELSTRIGO	\$0 (Tier 1)	NDS
DESCOVY	\$0 (Tier 1)	NDS
DOVATO	\$0 (Tier 1)	NDS
EDURANT	\$0 (Tier 1)	NDS
<i>efavirenz 600 mg tab</i>	\$0 (Tier 1)	
<i>efavirenz-emtricitab-tenofo df</i>	\$0 (Tier 1)	NDS
<i>efavirenz-lamivudine-tenofovir</i>	\$0 (Tier 1)	NDS
<i>emtricitabine</i>	\$0 (Tier 1)	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>emtricitabine-tenofovir df -200-300 mg</i>	\$0 (Tier 1)	
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 1)	
<i>etravirine</i>	\$0 (Tier 1)	NDS
EVOTAZ	\$0 (Tier 1)	NDS
<i>fosamprenavir calcium</i>	\$0 (Tier 1)	NDS
FUZEON	\$0 (Tier 1)	NDS
GENVOYA	\$0 (Tier 1)	NDS
INTELENCE 25 MG TAB	\$0 (Tier 1)	
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB	\$0 (Tier 1)	NDS
ISENTRESS 25 MG CHEW TAB	\$0 (Tier 1)	
ISENTRESS HD	\$0 (Tier 1)	NDS
JULUCA	\$0 (Tier 1)	NDS
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
<i>lamivudine-zidovudine</i>	\$0 (Tier 1)	
<i>lopinavir-ritonavir</i>	\$0 (Tier 1)	
<i>maraviroc</i>	\$0 (Tier 1)	NDS
<i>nevirapine er 400 mg tab 24h</i>	\$0 (Tier 1)	
<i>nevirapine nevirapine 200 mg tab, nevirapine 50 mg/5ml suspension</i>	\$0 (Tier 1)	
NORVIR 100 MG PACKET	\$0 (Tier 1)	
ODEFSEY	\$0 (Tier 1)	NDS
PIFELTRO	\$0 (Tier 1)	NDS
PREZCOBIX	\$0 (Tier 1)	NDS
PREZISTA 100 MG/ML SUSPENSION, 150 MG TAB	\$0 (Tier 1)	NDS
PREZISTA 75 MG TAB	\$0 (Tier 1)	
REYATAZ 50 MG PACKET	\$0 (Tier 1)	NDS
<i>ritonavir</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
RUKOBIA	\$0 (Tier 1)	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	\$0 (Tier 1)	NDS
SELZENTRY 25 MG TAB	\$0 (Tier 1)	
STRIBILD	\$0 (Tier 1)	NDS
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	\$0 (Tier 1)	NDS
SYMTUZA	\$0 (Tier 1)	NDS
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	
TIVICAY 10 MG TAB	\$0 (Tier 1)	
TIVICAY 25 MG TAB, 50 MG TAB	\$0 (Tier 1)	NDS
TIVICAY PD	\$0 (Tier 1)	NDS
TRIUMEQ	\$0 (Tier 1)	NDS
TRIUMEQ PD	\$0 (Tier 1)	
VIRACEPT	\$0 (Tier 1)	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	\$0 (Tier 1)	NDS
<i>zidovudine</i>	\$0 (Tier 1)	
<b>CMV AGENTS</b>		
LIVTENCITY	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	\$0 (Tier 1)	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	\$0 (Tier 1)	NDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	\$0 (Tier 1)	
BARACLUDE 0.05 MG/ML SOLUTION	\$0 (Tier 1)	NDS
<i>entecavir</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
LEDIPASVIR-SOFOSBUVIR	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	\$0 (Tier 1)	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	\$0 (Tier 1)	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	\$0 (Tier 1)	PA, NDS
RIBAVIRIN 200 MG CAP	\$0 (Tier 1)	
RIBAVIRIN 200 MG TAB	\$0 (Tier 1)	
SOFOSBUVIR-VELPATASVIR	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	\$0 (Tier 1)	NDS
VOSEVI	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS

## **HERPES AGENTS**

<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab</i>	\$0 (Tier 1)	
<i>acyclovir sodium</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	\$0 (Tier 1)	

## **INFLUENZA AGENTS**

<i>oseltamivir phosphate 30 mg cap</i>	\$0 (Tier 1)	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	\$0 (Tier 1)	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	\$0 (Tier 1)	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	\$0 (Tier 1)	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	\$0 (Tier 1)	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>MISC. ANTIVIRALS</b>		
PAXLOVID (150/100)	\$0 (Tier 1)	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	\$0 (Tier 1)	QL (30 EA PER 5 OVER TIME)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	\$0 (Tier 1)	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	\$0 (Tier 1)	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>metoprolol succinate er</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>nebivolol hcl</i>	\$0 (Tier 1)	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	\$0 (Tier 1)	
<i>pindolol</i>	\$0 (Tier 1)	
<i>propranolol hcl er</i>	\$0 (Tier 1)	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab</i>	\$0 (Tier 1)	
<i>sorine</i>	\$0 (Tier 1)	
<i>sotalol hcl</i>	\$0 (Tier 1)	
<i>sotalol hcl (af)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
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## **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>cartia xt</i>	\$0 (Tier 1)	
<i>dilt-xr</i>	\$0 (Tier 1)	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	\$0 (Tier 1)	
<i>diltiazem hcl er</i>	\$0 (Tier 1)	
<i>diltiazem hcl er beads</i>	\$0 (Tier 1)	
<i>diltiazem hcl er coated beads</i>	\$0 (Tier 1)	
<i>felodipine er</i>	\$0 (Tier 1)	
<i>isradipine</i>	\$0 (Tier 1)	
<i>matzim la</i>	\$0 (Tier 1)	
<i>nifedipine er</i>	\$0 (Tier 1)	
<i>nifedipine er osmotic release</i>	\$0 (Tier 1)	
<i>nimodipine 30 mg cap</i>	\$0 (Tier 1)	
<i>tiadylt er</i>	\$0 (Tier 1)	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	\$0 (Tier 1)	
<i>verapamil hcl er verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 100 mg cap er 24h, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG (OTC)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGONISTS

<i>droxidopa</i>	\$0 (Tier 1)	PA, NDS
<i>midodrine hcl</i>	\$0 (Tier 1)	

### CARDIOVASCULAR AGENTS, OTHER

<i>amlodipine-atorvastatin</i>	\$0 (Tier 1)	
CORLANOR 5 MG/5ML SOLUTION	\$0 (Tier 1)	QL (450 ML PER 30 DAYS)
DIGOXIN 0.05 MG/ML SOLUTION	\$0 (Tier 1)	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	\$0 (Tier 1)	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	\$0 (Tier 1)	
<i>ranolazine er</i>	\$0 (Tier 1)	
VERQUVO	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
VYNDAMAX	\$0 (Tier 1)	PA, LA, QL (30 EA PER 30 DAYS), NDS
WEGOVY 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ	\$0 (Tier 1)	PA, QL (4 ML PER 365 OVER TIME), NDS
WEGOVY 1 MG/0.5ML SOLN A-INJ	\$0 (Tier 1)	PA, QL (4 ML PER 365 OVER TIME), NDS
WEGOVY 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS), NDS

## CEPHALOSPORINS

### CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap</i>	\$0 (Tier 1)	
CEFAZOLIN SODIUM 100 GM RECON SOLN	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
CEFAZOLIN SODIUM 2 GM RECON SOLN	\$0 (Tier 1)	
CEFAZOLIN SODIUM 300 GM RECON SOLN	\$0 (Tier 1)	
<i>cefazolin sodium cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln</i>	\$0 (Tier 1)	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM-%(50ML) RECON SOLN, -1-4 GM/50ML-% SOLUTION, -2-3 GM-%(50ML) RECON SOLN	\$0 (Tier 1)	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap</i>	\$0 (Tier 1)	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR 250 MG CAP, 500 MG CAP	\$0 (Tier 1)	
<i>cefotetan disodium</i>	\$0 (Tier 1)	
CEFOTETAN DISODIUM-DEXTROSE	\$0 (Tier 1)	
<i>cefoxitin sodium</i>	\$0 (Tier 1)	
CEFOXITIN SODIUM-DEXTROSE	\$0 (Tier 1)	
<i>cefprozil</i>	\$0 (Tier 1)	
<i>cefuroxime axetil</i>	\$0 (Tier 1)	
<i>cefuroxime sodium</i>	\$0 (Tier 1)	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir</i>	\$0 (Tier 1)	
<i>cefixime</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 1)	
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	\$0 (Tier 1)	
CEFTAZIDIME AND DEXTROSE	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
CEFTRIAXONE SODIUM CEFTRIAXONE SODIUM 1 GM RECON SOLN, CEFTRIAXONE SODIUM 2 GM RECON SOLN, CEFTRIAXONE SODIUM 10 GM RECON SOLN, CEFTRIAXONE SODIUM 250 MG RECON SOLN, CEFTRIAXONE SODIUM 100 GM RECON SOLN, CEFTRIAXONE SODIUM 500 MG RECON SOLN	\$0 (Tier 1)	
CEFTRIAXONE SODIUM IN DEXTROSE	\$0 (Tier 1)	
CEFTRIAXONE SODIUM-DEXTROSE	\$0 (Tier 1)	
<i>tazicef 1 gm recon soln</i>	\$0 (Tier 1)	
<i>tazicef 2 gm recon soln</i>	\$0 (Tier 1)	
TAZICEF 6 GM RECON SOLN	\$0 (Tier 1)	

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide 3 mg cp dr part</i>	\$0 (Tier 1)	
<i>budesonide er</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	\$0 (Tier 1)	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	\$0 (Tier 1)	
DEXAMETHASONE INTENSOL	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	\$0 (Tier 1)	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>methylprednisolone 4 mg tab thpk</i>	\$0 (Tier 1)	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>prednisolone 15 mg/5ml solution</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	\$0 (Tier 1)	PA <sup>3</sup>

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml, 25 mg/5ml</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>prednisone 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk</i>	\$0 (Tier 1)	
PREDNISONE INTENSOL	\$0 (Tier 1)	PA <sup>3</sup>
PREDNISONE PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG TAB, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB	\$0 (Tier 1)	PA <sup>3</sup>
SOLU-CORTEF	\$0 (Tier 1)	
SOLU-MEDROL	\$0 (Tier 1)	
SOLU-MEDROL (PF)	\$0 (Tier 1)	
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate 0.1 mg tab</i>	\$0 (Tier 1)	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	\$0 (Medicaid Covered)	
<b>MUCOLYTICS</b>		
<i>acetylcysteine 10 %, 20 %</i>	\$0 (Tier 1)	PA <sup>3</sup>
<b>DENTAL AND ORAL AGENTS</b>		
<i>cavarest</i>	\$0 (Tier 1)	
<i>cevimeline hcl</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate 0.12 % solution</i>	\$0 (Tier 1)	
<i>clinpro 5000</i>	\$0 (Tier 1)	
<i>clotrimazole 10 mg troche</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>denta 5000 plus</i>	\$0 (Tier 1)	
<i>dentagel</i>	\$0 (Tier 1)	
<i>fluoridex</i>	\$0 (Tier 1)	
<i>fluoridex enhanced whitening</i>	\$0 (Tier 1)	
<i>fluorimax 5000</i>	\$0 (Tier 1)	
<i>fraiche 5000 dental</i>	\$0 (Tier 1)	
<i>just right 5000</i>	\$0 (Tier 1)	
<i>kourzeq</i>	\$0 (Tier 1)	
LIDOCAINE HCL 4 % SOLUTION	\$0 (Tier 1)	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	\$0 (Tier 1)	
<i>nystatin 100000 unit/ml suspension</i>	\$0 (Tier 1)	
<i>periogard</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	\$0 (Tier 1)	
PREVIDENT 5000 ENAMEL PROTECT	\$0 (Tier 1)	
PREVIDENT 5000 SENSITIVE	\$0 (Tier 1)	
<i>sf</i>	\$0 (Tier 1)	
<i>sf 5000 plus</i>	\$0 (Tier 1)	
SOD FLUORIDE-POTASSIUM NITRATE	\$0 (Tier 1)	
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	\$0 (Tier 1)	
SODIUM FLUORIDE 5000 ENAMEL	\$0 (Tier 1)	
<i>sodium fluoride 5000 plus</i>	\$0 (Tier 1)	
<i>sodium fluoride 5000 ppm</i>	\$0 (Tier 1)	
SODIUM FLUORIDE 5000 SENSITIVE	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.1 % paste</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## DERMATOLOGICALS

### ACNE PRODUCTS

<i>accutane</i>	\$0 (Tier 1)	
<i>amnesteam</i>	\$0 (Tier 1)	
<i>avita 0.025 % cream</i>	\$0 (Tier 1)	PA, QL (45 GM PER 30 DAYS)
<i>benzoyl peroxide</i>	\$0 (OTC)	
<i>claravis</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 1 % gel</i>	\$0 (Tier 1)	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
ERY	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium (acne)</i>	\$0 (Tier 1)	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	\$0 (Tier 1)	

### ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate 0.1 % cream</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	\$0 (Tier 1)	QL (220 GM PER 30 DAYS)

### ANTIFUNGALS - TOPICAL

<i>ciclopirox 0.77 % gel</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	\$0 (Tier 1)	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	\$0 (Tier 1)	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
<i>clotrimazole cream (lotrimin) rx only</i>	\$0 (Tier 1)	QL (45 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>clotrimazole solution (lotrimin) rx only</i>	\$0 (Tier 1)	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	\$0 (Tier 1)	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	\$0 (Tier 1)	QL (85 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	\$0 (Tier 1)	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm powder</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>nystop</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)

### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<i>bexarotene 1 % gel</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS), PA <sup>2</sup> , NDS
<i>diclofenac sodium 3 % gel</i>	\$0 (Tier 1)	PA, QL (100 GM PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	\$0 (Tier 1)	QL (40 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	\$0 (Tier 1)	QL (10 ML PER 30 DAYS)
PANRETIN	\$0 (Tier 1)	PA <sup>2</sup> , NDS
VALCHLOR	\$0 (Tier 1)	LA, QL (240 GM PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTIPSORIATICS**

<i>acitretin</i>	\$0 (Tier 1)	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
COSENTYX (300 MG DOSE)	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY PEN	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALLEN RAPID	\$0 (Tier 1)	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	\$0 (Tier 1)	PA, LA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 20 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 30 MG TAB	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	\$0 (Tier 1)	PA, QL (55 EA PER 28 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	\$0 (Tier 1)	PA, QL (0.5 ML PER 28 DAYS), NDS
STELARA 90 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	\$0 (Tier 1)	PA, QL (60 GM PER 30 DAYS)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % ointment</i>	\$0 (Tier 1)	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>betamethasone dipropionate aug 0.05 % lotion</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % cream, 0.1 % ointment</i>	\$0 (Tier 1)	QL (180 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % lotion</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>clobetasol prop emollient base</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % cream, 0.05 % gel, 0.05 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	\$0 (Tier 1)	QL (118 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	\$0 (Tier 1)	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	\$0 (Tier 1)	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>clodan 0.05 % shampoo</i>	\$0 (Tier 1)	QL (236 ML PER 30 DAYS)
<i>desonide 0.05 % cream, 0.05 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide 0.01 % solution</i>	\$0 (Tier 1)	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide body</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>fluocinonide 0.05 % cream, 0.05 % ointment</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<b>FLUOCINONIDE 0.05 % GEL</b>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	\$0 (Tier 1)	
<i>halobetasol propionate 0.05 % cream</i>	\$0 (Tier 1)	
<i>halobetasol propionate 0.05 % ointment</i>	\$0 (Tier 1)	QL (50 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
HYDROCORTISONE 2.5 % LOTION	\$0 (Tier 1)	QL (118 ML PER 30 DAYS)
<i>hydrocortisone cream</i>	\$0 (Tier 1)	QL (240 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	\$0 (Tier 1)	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	\$0 (Tier 1)	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream</i>	\$0 (Tier 1)	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>triderm</i>	\$0 (Tier 1)	QL (454 GM PER 30 DAYS)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	\$0 (Tier 1)	QL (50 ML PER 30 DAYS)
<i>lidocaine ointment rx only</i>	\$0 (Tier 1)	QL (107 GM PER 30 DAYS)
<i>lidocaine patches rx only</i>	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
<b>MISC. TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amylactin)</i>	\$0 (Tier 1)	
<i>ammonium lactate (amylactin) rx only</i>	\$0 (Tier 1)	
DRYSOL	\$0 (Medicaid Covered)	
<i>imiquimod 5 % cream</i>	\$0 (Tier 1)	QL (24 EA PER 30 DAYS)
<i>malathion</i>	\$0 (Tier 1)	
<i>permethrin (nix)</i>	\$0 (Tier 1)	
<i>permethrin (nix) rx only</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
PODOFILOX 0.5 % SOLUTION	\$0 (Tier 1)	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	\$0 (Tier 1)	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid 15 % gel</i>	\$0 (Tier 1)	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	\$0 (Tier 1)	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	\$0 (Tier 1)	QL (59 ML PER 30 DAYS)
<i>metronidazole 1 % gel</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<b>WOUND CARE PRODUCTS</b>		
SANTYL	\$0 (Tier 1)	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	\$0 (Tier 1)	
<i>ssd</i>	\$0 (Tier 1)	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	\$0 (Medicaid Covered)	
GLUCAGON HCL (DIAGNOSTIC)	\$0 (Medicaid Covered)	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
<i>l-methylfolate</i>	\$0 (OTC)	
<i>l-methylfolate combinations</i>	\$0 (OTC)	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SUCRAID	\$0 (Tier 1)	PA, LA, NDS

## **DIURETICS**

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide 125 mg tab, 250 mg tab</i>	\$0 (Tier 1)
<i>acetazolamide er</i>	\$0 (Tier 1)
<i>methazolamide 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)

### **DIURETIC COMBINATIONS**

AMILORIDE- HYDROCHLOROTHIAZIDE	\$0 (Tier 1)
AMILORIDE- HYDROCHLOROTHIAZIDE, AMILORIDE- HYDROCHLOROTHIAZIDE	
<i>spironolactone-hctz</i>	\$0 (Tier 1)
<i>triamterene-hctz</i>	\$0 (Tier 1)

### **LOOP DIURETICS**

<i>bumetanide</i>	\$0 (Tier 1)
<i>ethacrynic acid</i>	\$0 (Tier 1)
<i>furosemide furosemide 10 mg/ml solution, furosemide 8 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab</i>	\$0 (Tier 1)
<i>torseamide</i>	\$0 (Tier 1)

### **POTASSIUM SPARING DIURETICS**

<i>amiloride hcl 5 mg tab</i>	\$0 (Tier 1)
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)

### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorthalidone</i>	\$0 (Tier 1)
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>indapamide</i>	\$0 (Tier 1)	
<i>metolazone</i>	\$0 (Tier 1)	

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### **BONE DENSITY REGULATORS**

<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution</i>	\$0 (Tier 1)	
<i>calcitonin (salmon) 200 unit/act solution</i>	\$0 (Tier 1)	
<i>ibandronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	\$0 (Tier 1)	
<i>risedronate sodium</i>	\$0 (Tier 1)	
<i>teriparatide</i>	\$0 (Tier 1)	PA, QL (2.48 ML PER 28 DAYS), NDS
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	\$0 (Tier 1)	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	\$0 (Tier 1)	PA, QL (1.7 ML PER 28 DAYS), NDS

### **GROWTH HORMONES**

OMNITROPE	\$0 (Tier 1)	PA, NDS
SKYTROFA	\$0 (Tier 1)	PA, LA, NDS

### **METABOLIC MODIFIERS**

<i>betaine</i>	\$0 (Tier 1)	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution</i>	\$0 (Tier 1)	
<i>carglumic acid</i>	\$0 (Tier 1)	PA, LA, NDS
<i>cinacalcet hcl</i>	\$0 (Tier 1)	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	\$0 (Tier 1)	
<i>levocarnitine sf</i>	\$0 (Tier 1)	
NEXVIAZYME	\$0 (Tier 1)	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	\$0 (Tier 1)	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	\$0 (Tier 1)	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	\$0 (Tier 1)	PA, NDS

## **SOMATOSTATIC AGENTS**

<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	\$0 (Tier 1)	PA
SIGNIFOR	\$0 (Tier 1)	PA, LA, QL (60 ML PER 30 DAYS), NDS

## **ENDOCRINE MEDICATIONS**

### **OTHER ENDOCRINE DRUGS**

<i>cabergoline</i>	\$0 (Tier 1)	
<i>desmopressin ace spray refrig</i>	\$0 (Tier 1)	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	\$0 (Tier 1)	
<i>desmopressin acetate spray</i>	\$0 (Tier 1)	
INCRELEX	\$0 (Tier 1)	PA, LA, NDS
KERENDIA	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	\$0 (Tier 1)	PA, LA, NDS

## **ESTROGENS**

### **ESTROGEN COMBINATIONS**

<i>afirmelle</i>	\$0 (Tier 1)	
<i>altavera</i>	\$0 (Tier 1)	
<i>alyacen 1/35</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>amethia</i>	\$0 (Tier 1)	
<i>amethia lo</i>	\$0 (Tier 1)	
<i>apri</i>	\$0 (Tier 1)	
<i>aranelle</i>	\$0 (Tier 1)	
<i>ashlyna</i>	\$0 (Tier 1)	
<i>aubra</i>	\$0 (Tier 1)	
<i>aubra eq</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela 1/20</i>	\$0 (Tier 1)	
<i>aurovela 24 fe</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20</i>	\$0 (Tier 1)	
<i>aviane</i>	\$0 (Tier 1)	
<i>ayuna</i>	\$0 (Tier 1)	
<i>azurette</i>	\$0 (Tier 1)	
<i>balziva</i>	\$0 (Tier 1)	
<i>bekyree</i>	\$0 (Tier 1)	
<i>blisovi 24 fe</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30</i>	\$0 (Tier 1)	
<i>blisovi fe 1/20</i>	\$0 (Tier 1)	
<i>brielllyn</i>	\$0 (Tier 1)	
<i>camrese</i>	\$0 (Tier 1)	
<i>camrese lo</i>	\$0 (Tier 1)	
<i>charlotte 24 fe</i>	\$0 (Tier 1)	
<i>chateal</i>	\$0 (Tier 1)	
<i>chateal eq</i>	\$0 (Tier 1)	
<i>cryselle-28</i>	\$0 (Tier 1)	
<i>cyclafem 1/35</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>cyclafem 7/7/7</i>	\$0 (Tier 1)	
<i>cyred</i>	\$0 (Tier 1)	
<i>cyred eq</i>	\$0 (Tier 1)	
<i>dasetta 1/35</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7</i>	\$0 (Tier 1)	
<i>daysee</i>	\$0 (Tier 1)	
<i>delyla</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol</i>	\$0 (Tier 1)	
<i>elinest</i>	\$0 (Tier 1)	
<i>eluryng</i>	\$0 (Tier 1)	
<i>emoquette</i>	\$0 (Tier 1)	
<i>enilloring</i>	\$0 (Tier 1)	
<i>enpresse-28</i>	\$0 (Tier 1)	
<i>enskyce</i>	\$0 (Tier 1)	
<i>estarylla</i>	\$0 (Tier 1)	
<i>estradiol-norethindrone acet</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol</i>	\$0 (Tier 1)	
<i>falmina</i>	\$0 (Tier 1)	
<i>femynor</i>	\$0 (Tier 1)	
<i>finzala</i>	\$0 (Tier 1)	
<i>fyavolv</i>	\$0 (Tier 1)	
<i>gianvi</i>	\$0 (Tier 1)	
<i>hailey 1.5/30</i>	\$0 (Tier 1)	
<i>hailey 24 fe</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 1)	
<i>hailey fe 1/20</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>haloette</i>	\$0 (Tier 1)	
<i>iclevia</i>	\$0 (Tier 1)	
<i>introvale</i>	\$0 (Tier 1)	
<i>isibloom</i>	\$0 (Tier 1)	
<i>jaimiess</i>	\$0 (Tier 1)	
<i>jasmiel</i>	\$0 (Tier 1)	
<i>jinteli</i>	\$0 (Tier 1)	
<i>jolessa</i>	\$0 (Tier 1)	
<i>juleber</i>	\$0 (Tier 1)	
<i>junel 1.5/30</i>	\$0 (Tier 1)	
<i>junel 1/20</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30</i>	\$0 (Tier 1)	
<i>junel fe 1/20</i>	\$0 (Tier 1)	
<i>junel fe 24</i>	\$0 (Tier 1)	
<i>kalliga</i>	\$0 (Tier 1)	
<i>kariva</i>	\$0 (Tier 1)	
<i>kelnor 1/35</i>	\$0 (Tier 1)	
<i>kelnor 1/50</i>	\$0 (Tier 1)	
<i>kurvelo</i>	\$0 (Tier 1)	
<i>larin 1.5/30</i>	\$0 (Tier 1)	
<i>larin 1/20</i>	\$0 (Tier 1)	
<i>larin 24 fe</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30</i>	\$0 (Tier 1)	
<i>larin fe 1/20</i>	\$0 (Tier 1)	
<i>larissia</i>	\$0 (Tier 1)	
<i>leena</i>	\$0 (Tier 1)	
<i>lessina</i>	\$0 (Tier 1)	
<i>levonest</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>levonorg-eth estrad triphasic</i>	\$0 (Tier 1)	
<i>levonorgest-eth estrad 91-day</i>	\$0 (Tier 1)	
<i>levonorgest-eth estradiol-iron</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad -0.1-20 mg-mcg tab, -0.15-30 mg-mcg tab</i>	\$0 (Tier 1)	
<i>levora 0.15/30 (28)</i>	\$0 (Tier 1)	
<i>lillow</i>	\$0 (Tier 1)	
<i>lo-zumandimine</i>	\$0 (Tier 1)	
<i>loestrin 1.5/30 (21)</i>	\$0 (Tier 1)	
<i>loestrin 1/20 (21)</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30</i>	\$0 (Tier 1)	
<i>loestrin fe 1/20</i>	\$0 (Tier 1)	
<i>lojaimiess</i>	\$0 (Tier 1)	
<i>loryna</i>	\$0 (Tier 1)	
<i>low-ogestrel</i>	\$0 (Tier 1)	
<i>lutra</i>	\$0 (Tier 1)	
<i>marlissa</i>	\$0 (Tier 1)	
<i>melodetta 24 fe</i>	\$0 (Tier 1)	
<i>mibelas 24 fe</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30</i>	\$0 (Tier 1)	
<i>microgestin 1/20</i>	\$0 (Tier 1)	
<i>microgestin 24 fe</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20</i>	\$0 (Tier 1)	
<i>mili</i>	\$0 (Tier 1)	
<i>mono-lynyah</i>	\$0 (Tier 1)	
<i>necon 0.5/35 (28)</i>	\$0 (Tier 1)	
<i>nikki</i>	\$0 (Tier 1)	
<i>norelgestromin-eth estradiol</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab, norin --1-20 mg-mcg(24) chew tab, norin --1-20 mg-mcg(24) tab, norin --1.5-30 mg-mcg tab</i>	\$0 (Tier 1)	
<i>norethindrone acet-ethinyl est</i>	\$0 (Tier 1)	
<i>norethindrone-eth estradiol</i>	\$0 (Tier 1)	
<i>norgestim-eth estrad triphasic</i>	\$0 (Tier 1)	
<i>norgestimate-eth estradiol</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28)</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7</i>	\$0 (Tier 1)	
<i>nylia 1/35</i>	\$0 (Tier 1)	
<i>nylia 7/7/7</i>	\$0 (Tier 1)	
<i>nymyo</i>	\$0 (Tier 1)	
<i>ocella</i>	\$0 (Tier 1)	
<i>orsythia</i>	\$0 (Tier 1)	
<i>philith</i>	\$0 (Tier 1)	
<i>pimtrea</i>	\$0 (Tier 1)	
<i>pirmella 1/35</i>	\$0 (Tier 1)	
<i>pirmella 7/7/7</i>	\$0 (Tier 1)	
<i>portia-28</i>	\$0 (Tier 1)	
<i>previfem</i>	\$0 (Tier 1)	
<i>reclipsen</i>	\$0 (Tier 1)	
<i>setlakin</i>	\$0 (Tier 1)	
<i>simliya</i>	\$0 (Tier 1)	
<i>simpesse</i>	\$0 (Tier 1)	
<i>sprintec 28</i>	\$0 (Tier 1)	
<i>sronyx</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>syeda</i>	\$0 (Tier 1)	
<i>tarina 24 fe</i>	\$0 (Tier 1)	
<i>tarina fe 1/20</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 1)	
<i>tri femynor</i>	\$0 (Tier 1)	
<i>tri-estarylla</i>	\$0 (Tier 1)	
<i>tri-linyah</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla</i>	\$0 (Tier 1)	
<i>tri-lo-marzia</i>	\$0 (Tier 1)	
<i>tri-lo-mili</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec</i>	\$0 (Tier 1)	
<i>tri-mili</i>	\$0 (Tier 1)	
<i>tri-nymyo</i>	\$0 (Tier 1)	
<i>tri-previfem</i>	\$0 (Tier 1)	
<i>tri-sprintec</i>	\$0 (Tier 1)	
<i>tri-vylibra</i>	\$0 (Tier 1)	
<i>tri-vylibra lo</i>	\$0 (Tier 1)	
<i>trivora (28)</i>	\$0 (Tier 1)	
<i>turqoz</i>	\$0 (Tier 1)	
VELIVET	\$0 (Tier 1)	
<i>vestura</i>	\$0 (Tier 1)	
<i>vienva</i>	\$0 (Tier 1)	
<i>viorele</i>	\$0 (Tier 1)	
<i>volnea</i>	\$0 (Tier 1)	
<i>vyfemla</i>	\$0 (Tier 1)	
<i>vylibra</i>	\$0 (Tier 1)	
<i>wera</i>	\$0 (Tier 1)	
<i>xulane</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>zafemy</i>	\$0 (Tier 1)	
<i>zarah</i>	\$0 (Tier 1)	
<i>zovia 1/35 (28)</i>	\$0 (Tier 1)	
<i>zovia 1/35e (28)</i>	\$0 (Tier 1)	
<i>zumandimine</i>	\$0 (Tier 1)	
<i>dotti</i>	\$0 (Tier 1)	
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>lyllana</i>	\$0 (Tier 1)	
MENEST	\$0 (Tier 1)	

## **FLUOROQUINOLONES**

<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
<i>ciprofloxacin in d5w</i>	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w</i>	\$0 (Tier 1)	
MOXIFLOXACIN HCL IN NAACL	\$0 (Tier 1)	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	\$0 (Tier 1)	
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **GASTROINTESTINAL AGENTS**

### **GASTROINTESTINAL AGENTS, OTHER**

<i>cromolyn sodium 100 mg/5ml conc</i>	\$0 (Tier 1)	
<i>enulose</i>	\$0 (Tier 1)	
<i>generlac</i>	\$0 (Tier 1)	
<i>lactulose encephalopathy</i>	\$0 (Tier 1)	
<i>metoclopramide hcl 5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution</i>	\$0 (Tier 1)	
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	\$0 (Tier 1)	
VOWST	\$0 (Tier 1)	PA, QL (12 EA PER 30 OVER TIME), NDS

### **GASTROINTESTINAL AGENTS - MISC.**

#### **INFLAMMATORY BOWEL AGENTS**

<i>balsalazide disodium</i>	\$0 (Tier 1)	
<i>mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos</i>	\$0 (Tier 1)	
MESALAMINE 800 MG TAB DR	\$0 (Tier 1)	
<i>mesalamine er</i>	\$0 (Tier 1)	
<i>mesalamine-cleanser</i>	\$0 (Tier 1)	
SKYRIZI 180 MG/1.2ML SOLN CART	\$0 (Tier 1)	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	\$0 (Tier 1)	PA, QL (2.4 ML PER 56 OVER TIME), NDS
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	\$0 (Tier 1)	

#### **GENITOURINARY AGENTS**

##### **GENITOURINARY AGENTS, OTHER**

<i>acetic acid 0.25 % solution</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
CYSTAGON	\$0 (Tier 1)	PA, LA
ELMIRON	\$0 (Tier 1)	
<i>phenazopyridine (azo)</i>	\$0 (Medicaid Covered)	
<i>potassium citrate</i>	\$0 (OTC)	
<i>potassium citrate / sodium citrate (cytra-3)</i>	\$0 (OTC)	
<i>potassium citrate er</i>	\$0 (Tier 1)	
RENACIDIN	\$0 (Tier 1)	
<i>sodium chloride 0.9 % solution</i>	\$0 (Tier 1)	
<i>sodium citrate</i>	\$0 (OTC)	

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl er</i>	\$0 (Tier 1)	
<i>dutasteride 0.5 mg cap</i>	\$0 (Tier 1)	
<i>dutasteride-tamsulosin hcl</i>	\$0 (Tier 1)	
<i>finasteride 5 mg tab</i>	\$0 (Tier 1)	
<i>silodosin</i>	\$0 (Tier 1)	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	\$0 (Tier 1)	

### **GOUT AGENTS**

<i>allopurinol 100 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
<i>colchicine 0.6 mg tab</i>	\$0 (Tier 1)	
<i>colchicine-probenecid</i>	\$0 (Tier 1)	
<i>febuxostat</i>	\$0 (Tier 1)	
<i>probenecid</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **HEMATOLOGICAL AGENTS - MISC.**

### **PLATELET AGGREGATION INHIBITORS**

<i>anagrelide hcl</i>	\$0 (Tier 1)	
<i>aspirin-dipyridamole er</i>	\$0 (Tier 1)	
BRILINTA	\$0 (Tier 1)	
<i>cilostazol</i>	\$0 (Tier 1)	
<i>clopidogrel bisulfate 75 mg tab</i>	\$0 (Tier 1)	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	\$0 (Tier 1)	
<i>prasugrel hcl</i>	\$0 (Tier 1)	

### **HEMATOPOIETIC AGENTS**

#### **AGENTS FOR SICKLE CELL DISEASE**

DROXIA	\$0 (Tier 1)	
<i>l-glutamine -glutamine 5 gm packet</i>	\$0 (Tier 1)	PA, LA, QL (180 EA PER 30 DAYS), NDS

#### **COBALAMINS**

<i>cyanocobalmin (vitamin b12)</i>	\$0 (Medicaid Covered)	
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#### **FOLIC ACID/FOLATES**

<i>folic acid</i>	\$0 (OTC)	
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### **HEMATOPOIETIC GROWTH FACTORS**

NYVEPRIA	\$0 (Tier 1)	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	\$0 (Tier 1)	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
RETACRIT	\$0 (Tier 1)	PA
UDENYCA	\$0 (Tier 1)	NDS
ZARXIO	\$0 (Tier 1)	NDS

## **HEMATOPOIETIC MIXTURES**

<i>ferraplus 90</i>	\$0 (OTC)	
<i>ferrous fumarate / folic acid</i>	\$0 (OTC)	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	\$0 (OTC)	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	\$0 (OTC)	
<i>ferrous fumarate polysaccharide complex</i>	\$0 (OTC)	
<i>folic acid / vitamin b6 / vitamin b12</i>	\$0 (OTC)	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	\$0 (OTC)	
<i>folic acid / vitamin d</i>	\$0 (OTC)	
<i>hemetab</i>	\$0 (OTC)	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	\$0 (OTC)	
<i>iron combinations</i>	\$0 (OTC)	
<i>iron polysaccharide complex</i>	\$0 (OTC)	
<i>multigen</i>	\$0 (OTC)	
<i>multigen folic</i>	\$0 (OTC)	
<i>multigen plus</i>	\$0 (OTC)	
MULTIGEN TABLET	\$0 (OTC)	
<i>taron forte</i>	\$0 (OTC)	

## **HEMOSTATICS**

### **HEMOSTATICS - SYSTEMIC**

<i>tranexamic acid 650 mg tab</i>	\$0 (Tier 1)	
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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **NON-BARBITURATE HYPNOTICS**

BELSOMRA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>temazepam 15 mg cap, 30 mg cap</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA <sup>2</sup>
<i>zaleplon 10 mg cap</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>zolpidem tartrate er</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)

## **IMMUNOLOGICAL AGENTS**

### **ANGIOEDEMA (HAE) AGENTS**

HAEGARDA	\$0 (Tier 1)	PA, LA, NDS
<i>icatibant acetate</i>	\$0 (Tier 1)	PA, LA, NDS
<i>sajazir</i>	\$0 (Tier 1)	PA, LA, NDS

## **LAXATIVES**

### **LAXATIVE COMBINATIONS**

GAVILYTE-C	\$0 (Tier 1)	
<i>gavilyte-g</i>	\$0 (Tier 1)	
<i>gavilyte-n with flavor pack</i>	\$0 (Tier 1)	
GOLYTELY	\$0 (Tier 1)	
<i>na sulfate-k sulfate-mg sulf</i>	\$0 (Tier 1)	
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>peg-3350/electrolytes</i>	\$0 (Tier 1)	
<i>peg-3350/electrolytes/ascorbat</i>	\$0 (Tier 1)	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	\$0 (Tier 1)	
SUFLAVE	\$0 (Tier 1)	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	\$0 (Tier 1)	
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	\$0 (Tier 1)	
LINZESS	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	\$0 (Tier 1)	
MOVANTIK	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	\$0 (OTC)	
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETICS - ESTERS</b>		
PROCAINE HCL CRYSTALS	\$0 (Medicaid Covered)	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BANDAGES-DRESSINGS-TAPE</b>		
<i>gauze pads and dressings</i>	\$0 (Medicaid Covered)	
<b>DIABETIC SUPPLIES</b>		
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0 (Part B Covered)	PA
DEXCOM G5 MOBILE RECEIVER	\$0 (Part B Covered)	PA
DEXCOM G5 MOBILE TRANSMITTER	\$0 (Part B Covered)	PA

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
DEXCOM G5 RECEIVER KIT	\$0 (Part B Covered)	PA
DEXCOM G6 RECEIVER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
DEXCOM G6 SENSOR	\$0 (Part B Covered)	PA, QL (3 EA PER 30 DAYS)
DEXCOM G6 TRANSMITTER	\$0 (Part B Covered)	PA, QL (1 EA PER 68 OVER TIME)
DEXCOM G7 RECEIVER	\$0 (Part B Covered)	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	\$0 (Part B Covered)	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 3 READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 3 SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE SENSOR SYSTEM	\$0 (Part B Covered)	PA, QL (2 EA PER 20 DAYS)
<i>lancets</i>	\$0 (Part B Covered)	
OMNIPOD 5 G6 INTRO (GEN 5)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
OMNIPOD 5 G7 PODS (GEN 5)	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 PLUS G6	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD 5 PACK	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH INTRO (GEN 4)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
<i>incontinence supplies</i>	\$0 (OTC)	
<b>PARENTERAL THERAPY SUPPLIES</b>		
BD ECLIPSE NEEDLE 23G X 1" MISC	\$0 (Medicaid Covered)	
BD ECLIPSE NEEDLE 25G X 1" MISC	\$0 (OTC)	
CAREPOINT POLY HUB NEEDLE 20G 1" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 23G 1-1/2" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC, 30G 1/2" MISC	\$0 (Medicaid Covered)	
CAREPOINT POLY HUB NEEDLE 25G X 1" MISC	\$0 (OTC)	
CAREPOINT SAFETY 1ST NEEDLE 23G 1" MISC, 23G 1-1/2" MISC, 25G 1-1/2" MISC, 25G 5/8" MISC	\$0 (Medicaid Covered)	
CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC	\$0 (OTC)	
EASYPOINT NEEDLE 23G 1" MISC, 25G 5/8" MISC	\$0 (Medicaid Covered)	
EASYPOINT NEEDLE 25G X 1" MISC	\$0 (OTC)	
INSUFLON	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
INSULIN PEN NEEDLE INSULIN PEN NEEDLE, INSULIN PEN NEEDLE	\$0 (Tier 1)	
INSULIN SYRINGE (DISP) U-100 0.3 ML	\$0 (Tier 1)	
INSULIN SYRINGE (DISP) U-100 1 ML	\$0 (Tier 1)	
INSULIN SYRINGE (DISP) U-100 1/2 ML	\$0 (Tier 1)	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC	\$0 (Medicaid Covered)	
MONOJECT FILTER NEEDLE 18G X 1-1/2" MISC	\$0 (OTC)	
MONOJECT FILTER NEEDLE 20G X 1-1/2" MISC	\$0 (Medicaid Covered)	
MONOJECT HYPODERMIC NEEDLE 14G 1" MISC, 14G 1-1/2" MISC, 14G 2" MISC, 16G 1" MISC, 16G 1-1/2" MISC, 16G 3/4" MISC, 16G 5/8" MISC, 19G 1" MISC, 19G 1-1/2" MISC, 20G 1" MISC, 20G 1-1/2" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 23G 3/4" MISC, 25G 1-1/2" MISC, 25G 1-1/4" MISC, 25G 2" MISC, 25G 5/8" MISC, 26G 1-1/2" MISC, 26G 1/2" MISC, 30G 3/4" MISC	\$0 (Medicaid Covered)	
MONOJECT HYPODERMIC NEEDLE 25G X 1" MISC	\$0 (OTC)	
MONOJECT MAGELLAN SAFETY NDL 19G 1" MISC, 19G 1-1/2" MISC, 20G 1" MISC, 20G 1-1/2" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 25G 5/8" MISC	\$0 (Medicaid Covered)	
MONOJECT MAGELLAN SAFETY NDL 25G X 1" MISC	\$0 (OTC)	
MONOJECT SHARPS CONTAINER	\$0 (Medicaid Covered)	
MONOJECT SYRINGES	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
MULTI-DRAW NEEDLE	\$0 (Medicaid Covered)	
<i>needles and syringes</i>	\$0 (Tier 1)	
<i>needles and syringes</i>	\$0 (Medicaid Covered)	
SHARPS CONTAINER	\$0 (Medicaid Covered)	

## **RESPIRATORY THERAPY SUPPLIES**

DISPOSABLE MOUTHPIECE	\$0 (Medicaid Covered)	
DISPOSABLE MOUTHPIECE (RX)	\$0 (Medicaid Covered)	
INHALER SPACER (RX)	\$0 (Medicaid Covered)	
PEAK FLOW METER	\$0 (Medicaid Covered)	
PEAK FLOW METER (RX)	\$0 (Medicaid Covered)	
<i>respiratory therapy supplies</i>	\$0 (Medicaid Covered)	

## **MIGRAINE PRODUCTS**

AIMOVIG	\$0 (Tier 1)	PA, QL (1 ML PER 30 DAYS)
AJOVY	\$0 (Tier 1)	PA, QL (1.5 ML PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (16 ML PER 30 DAYS)
EMGALITY	\$0 (Tier 1)	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	\$0 (Tier 1)	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	\$0 (Tier 1)	
MIGERGOT	\$0 (Tier 1)	
NURTEC	\$0 (Tier 1)	PA, QL (16 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)
<i>naratriptan hcl</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	\$0 (Tier 1)	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	\$0 (Tier 1)	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	\$0 (Tier 1)	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	\$0 (Tier 1)	QL (8 ML PER 28 DAYS)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)
<b>MINERALS ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium carbonate / folic acid / vitamin d</i>	\$0 (OTC)	
<i>calcium gluconate 10 % solution</i>	\$0 (Tier 1)	
<b>ELECTROLYTE MIXTURES</b>		
<i>kcl in dextrose-nacl kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	\$0 (Tier 1)	
LACTATED RINGERS LACTATED RINGERS, LACTATED RINGERS	\$0 (Tier 1)	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	\$0 (Tier 1)	
<i>ringers</i>	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG (OTC)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	\$0 (Tier 1)	
<i>sodium fluoride chewable tablet</i>	\$0 (Tier 1)	
<b>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	\$0 (Tier 1)	
<b>PHOSPHATE</b>		
K-PHOS	\$0 (Tier 1)	
<i>potassium / sodium phosphate</i>	\$0 (OTC)	
<b>POTASSIUM</b>		
<i>klor-con</i>	\$0 (Tier 1)	
<i>klor-con 10</i>	\$0 (Tier 1)	
<i>klor-con m10</i>	\$0 (Tier 1)	
<i>klor-con m15</i>	\$0 (Tier 1)	
<i>klor-con m20</i>	\$0 (Tier 1)	
<i>potassium chloride 2 meq/ml solution</i>	\$0 (Tier 1)	
<i>potassium chloride 20 meq packet</i>	\$0 (Tier 1)	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	\$0 (Tier 1)	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	\$0 (Tier 1)	
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	\$0 (Tier 1)	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	\$0 (Tier 1)	
<b>SODIUM</b>		
<i>sodium chloride</i>	\$0 (Tier 1)	
<i>sodium chloride rx only</i>	\$0 (Tier 1)	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
CHEMET	\$0 (Tier 1)	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	\$0 (Tier 1)	PA
<i>penicillamine 250 mg tab</i>	\$0 (Tier 1)	PA, NDS
<i>trientine hcl 250 mg cap</i>	\$0 (Tier 1)	PA, NDS
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	\$0 (Tier 1)	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REVLIMID	\$0 (Tier 1)	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REZUROCK	\$0 (Tier 1)	PA, LA, QL (30 EA PER 30 DAYS), NDS
THALOMID 150 MG CAP, 200 MG CAP	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
THALOMID 50 MG CAP, 100 MG CAP	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), NDS
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ARCALYST	\$0 (Tier 1)	PA, LA, NDS
<i>azathioprine 50 mg tab</i>	\$0 (Tier 1)	PA <sup>3</sup>
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine 25 mg cap, 100 mg cap</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>cyclosporine modified</i>	\$0 (Tier 1)	PA <sup>3</sup>
ENVARUSUS XR	\$0 (Tier 1)	PA <sup>3</sup>
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	\$0 (Tier 1)	PA <sup>3</sup> , NDS
<i>engraf</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	\$0 (Tier 1)	PA <sup>3</sup> , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>mycophenolate sodium</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>mycophenolic acid</i>	\$0 (Tier 1)	PA <sup>3</sup>
PROGRAF 0.2 MG PACKET, 1 MG PACKET	\$0 (Tier 1)	PA <sup>3</sup>
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	PA <sup>3</sup>
<i>sirolimus 1 mg/ml solution</i>	\$0 (Tier 1)	PA <sup>3</sup> , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	\$0 (Tier 1)	PA <sup>3</sup>
<b>IRRIGATION SOLUTIONS</b>		
<i>ringers irrigation</i>	\$0 (Medicaid Covered)	
<i>tis-u-sol</i>	\$0 (Medicaid Covered)	
ALFALFA FLAVOR	\$0 (Medicaid Covered)	
ALMOND OIL BITTER FLAVOR	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
ANISE EXTRACT	\$0 (Medicaid Covered)	
ANISE FLAVOR	\$0 (Medicaid Covered)	
APPLE FLAVOR	\$0 (Medicaid Covered)	
APRICOT FLAVOR	\$0 (Medicaid Covered)	
BACITRACIN MICRONIZED	\$0 (Medicaid Covered)	
BACON FLAVOR	\$0 (Medicaid Covered)	
BACTERIOSTATIC WATER(BENZ ALC)	\$0 (Medicaid Covered)	
BANANA CONCENTRATE	\$0 (Medicaid Covered)	
BANANA CREAM FLAVOR	\$0 (Medicaid Covered)	
BANANA CREME FLAVOR	\$0 (Medicaid Covered)	
BANANA FLAVOR	\$0 (Medicaid Covered)	
BEEF FLAVOR	\$0 (Medicaid Covered)	
BEEF TYPE FLAVOR NATURAL	\$0 (Medicaid Covered)	
BEEF TYPE FLAVOR OS	\$0 (Medicaid Covered)	
BEEF-ADE	\$0 (Medicaid Covered)	
BENZOCAINE	\$0 (Medicaid Covered)	
BENZYL ALCOHOL	\$0 (Medicaid Covered)	
BENZYL BENZOATE	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
BIOTIN	\$0 (Medicaid Covered)	
BITTER DRUG	\$0 (Medicaid Covered)	
BITTER STOP FLAVOR	\$0 (Medicaid Covered)	
BITTER-BLOC PURE	\$0 (Medicaid Covered)	
BITTER-BLOC WS CONCENTRATE	\$0 (Medicaid Covered)	
BITTER-BLOC WS/OS LIQUID	\$0 (Medicaid Covered)	
BITTERNESS MASK FLAVOR	\$0 (Medicaid Covered)	
BITTERNESS REDUCING AGENT	\$0 (Medicaid Covered)	
BLACKBERRY FLAVOR	\$0 (Medicaid Covered)	
BLUEBERRY FLAVOR	\$0 (Medicaid Covered)	
BUBBLE GUM CONCENTRATE	\$0 (Medicaid Covered)	
BUBBLE GUM FLAVOR	\$0 (Medicaid Covered)	
BUTTER FLAVOR	\$0 (Medicaid Covered)	
BUTTER RUM FLAVOR	\$0 (Medicaid Covered)	
BUTTERSCOTCH FLAVOR	\$0 (Medicaid Covered)	
CAPSORAL W/DYNAMIC STATIC GRD	\$0 (Medicaid Covered)	
CAPSUBLEND-H	\$0 (Medicaid Covered)	
CAPSUBLEND-P	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
CAPSUBLEND-S	\$0 (Medicaid Covered)	
CARAMEL FLAVOR	\$0 (Medicaid Covered)	
CELLULOSE CRYSTALS	\$0 (Medicaid Covered)	
CHEESE-ADE FLAVOR	\$0 (Medicaid Covered)	
CHEESECAKE FLAVOR	\$0 (Medicaid Covered)	
CHERRY FLAVOR	\$0 (Medicaid Covered)	
CHERRY-ADE FLAVOR	\$0 (Medicaid Covered)	
CHICKEN BROTH FLAVOR	\$0 (Medicaid Covered)	
CHICKEN FLAVOR	\$0 (Medicaid Covered)	
CHICKEN FLAVOR OIL SOLUBLE	\$0 (Medicaid Covered)	
CHICKEN FLAVOR WATER MISCIBLE	\$0 (Medicaid Covered)	
CHOCOLATE FLAVOR	\$0 (Medicaid Covered)	
CHOCOLATE HAZELNUT FLAVOR	\$0 (Medicaid Covered)	
CHOCOLATE NATURAL & ARTIFICIAL	\$0 (Medicaid Covered)	
CINNAMON FLAVOR	\$0 (Medicaid Covered)	
CITRIC ACID	\$0 (Medicaid Covered)	
CITRIC ACID ANHYDROUS POWDER	\$0 (Medicaid Covered)	
CITRIC ACID MONOHYDRATE POWDER	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
COCOA BUTTER	\$0 (Medicaid Covered)	
COCONUT FLAVOR	\$0 (Medicaid Covered)	
COFFEE FLAVOR	\$0 (Medicaid Covered)	
COLA FLAVOR	\$0 (Medicaid Covered)	
COTTON CANDY FLAVOR	\$0 (Medicaid Covered)	
CRAN-RASPBERRY FLAVOR	\$0 (Medicaid Covered)	
<i>cranberry supplement</i>	\$0 (OTC)	
CREME DEMENTHE FLAVOR	\$0 (Medicaid Covered)	
CUSTOM POLYGLYCOL TROCHE BASE	\$0 (Medicaid Covered)	
ECTOSEAL P2G	\$0 (Medicaid Covered)	
ENGLISH TOFFEE FLAVOR	\$0 (Medicaid Covered)	
EUCALYPTUS FLAVOR	\$0 (Medicaid Covered)	
EUGENOL FLAVOR	\$0 (Medicaid Covered)	
FAGRON CAPFILL PRO	\$0 (Medicaid Covered)	
FAGRON DISPERSAPRO	\$0 (Medicaid Covered)	
FISH FLAVOR	\$0 (Medicaid Covered)	
FLAVOR CONC-CHLORHEXIDINE	\$0 (Medicaid Covered)	
<i>flavor syrup</i>	\$0 (OTC)	
FREEDOM SIMPLECAP	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>glycerin</i>	\$0 (OTC)	
GRAPE FLAVOR	\$0 (Medicaid Covered)	
GRAPEFRUIT FLAVOR	\$0 (Medicaid Covered)	
GUAVA FLAVOR	\$0 (Medicaid Covered)	
HAM FLAVOR	\$0 (Medicaid Covered)	
HONEY FLAVOR	\$0 (Medicaid Covered)	
KAHLUA FLAVOR	\$0 (Medicaid Covered)	
LEMON EXTRACT	\$0 (Medicaid Covered)	
LEMON FLAVOR	\$0 (Medicaid Covered)	
LEMONADE FLAVOR	\$0 (Medicaid Covered)	
LICORICE FLAVOR	\$0 (Medicaid Covered)	
LIDOCAINE BASE	\$0 (Medicaid Covered)	
LIDOCAINE CRYSTALS, POWDER	\$0 (Medicaid Covered)	
LIDOCAINE HCL MONOHYDRATE	\$0 (Medicaid Covered)	
LIDOCAINE HCL POWDER	\$0 (Medicaid Covered)	
LIME FLAVOR	\$0 (Medicaid Covered)	
LIVER FLAVOR	\$0 (Medicaid Covered)	
LOXORAL BASE	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
MAGNASWEET 110	\$0 (Medicaid Covered)	
MAGNASWEET 135	\$0 (Medicaid Covered)	
MAGNESIUM STEARATE	\$0 (Medicaid Covered)	
MANGO FLAVOR	\$0 (Medicaid Covered)	
MANGO FLAVOR SWEETENED	\$0 (Medicaid Covered)	
MAPLE FLAVOR	\$0 (Medicaid Covered)	
MARSHMALLOW FLAVOR	\$0 (Medicaid Covered)	
<i>methylcellulose (citrucel) methylcellulose, methylcellulose</i>	\$0 (OTC)	
MINT CHOCOLATE CHIP FLAVOR	\$0 (Medicaid Covered)	
MOLASSES FLAVOR	\$0 (Medicaid Covered)	
NAT BITTERNESS	\$0 (Medicaid Covered)	
NATAPRES	\$0 (Medicaid Covered)	
NYSTATIN POWDER	\$0 (Medicaid Covered)	
ORANGE CREAM FLAVOR	\$0 (Medicaid Covered)	
ORANGE FLAVOR	\$0 (Medicaid Covered)	
ORANGE OIL FLAVOR	\$0 (Medicaid Covered)	
PASSION FRUIT FLAVOR	\$0 (Medicaid Covered)	
PASSION FRUIT FLAVOR SWEETENED	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
PCCA SWEETNESS ENHANCER	\$0 (Medicaid Covered)	
PEACH FLAVOR	\$0 (Medicaid Covered)	
PEANUT BUTTER FLAVOR	\$0 (Medicaid Covered)	
PEPPERMINT FLAVOR	\$0 (Medicaid Covered)	
<i>petrolatum (vaseline)</i>	\$0 (OTC)	
PINA COLADA FLAVOR	\$0 (Medicaid Covered)	
PINEAPPLE FLAVOR	\$0 (Medicaid Covered)	
POLYETHYLENE GLYCOL 600 (BULK)	\$0 (Medicaid Covered)	
PRALINES AND CREAM FLAVOR	\$0 (Medicaid Covered)	
PRILOCAINE	\$0 (Medicaid Covered)	
PRILOCAINE HCL	\$0 (Medicaid Covered)	
PROGESTERONE MICRONIZED POWDER	\$0 (Medicaid Covered)	
PROGESTERONE MILLED	\$0 (Medicaid Covered)	
PROGESTERONE POWDER	\$0 (Medicaid Covered)	
PROGESTERONE ULTRA MICRONIZED	\$0 (Medicaid Covered)	
PROGESTERONE WETTABLE	\$0 (Medicaid Covered)	
PROGESTERONE WETTABLE (SOY)	\$0 (Medicaid Covered)	
PUMPKIN FLAVOR	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
RASPBERRY CONCENTRATE	\$0 (Medicaid Covered)	
RASPBERRY FLAVOR	\$0 (Medicaid Covered)	
ROOT BEER FLAVOR	\$0 (Medicaid Covered)	
<i>saline bacteriostatic</i>	\$0 (Medicaid Covered)	
SHRIMP FLAVOR	\$0 (Medicaid Covered)	
SODIUM BICARBONATE POWDER	\$0 (Medicaid Covered)	
<i>sodium chloride bacteriostatic</i>	\$0 (Medicaid Covered)	
<i>sorbitol solution</i>	\$0 (OTC)	
SPEARMINT FLAVOR	\$0 (Medicaid Covered)	
STEARIC ACID POWDER	\$0 (Medicaid Covered)	
<i>sterile water for injection</i>	\$0 (Medicaid Covered)	
STEVIA EXTRACT 90 % POWDER	\$0 (Medicaid Covered)	
STEVIA GLYCERITE EXTRACT	\$0 (Medicaid Covered)	
STRAWBERRY FLAVOR	\$0 (Medicaid Covered)	
SUPER SYNERSWEET FLAVOR	\$0 (Medicaid Covered)	
SWEET CORN FLAVOR	\$0 (Medicaid Covered)	
SWEETENING ENHANCER	\$0 (Medicaid Covered)	
TANGERINE FLAVOR	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
TANGERINE FLAVOR SWEETENED	\$0 (Medicaid Covered)	
TEABERRY FLAVOR	\$0 (Medicaid Covered)	
TETRACAINE	\$0 (Medicaid Covered)	
TETRACAINE HCL POWDER	\$0 (Medicaid Covered)	
TROPICAL PUNCH FLAVOR	\$0 (Medicaid Covered)	
TUNA FLAVOR	\$0 (Medicaid Covered)	
TUTTI FRUTTI FLAVOR	\$0 (Medicaid Covered)	
TUTTI-FRUTTI FLAVOR	\$0 (Medicaid Covered)	
VANILLA BUTTERNUT FLAVOR	\$0 (Medicaid Covered)	
VANILLA FLAVOR	\$0 (Medicaid Covered)	
VANILLIN FLAVOR	\$0 (Medicaid Covered)	
WATERMELON FLAVOR	\$0 (Medicaid Covered)	
WILD CHERRY FLAVOR	\$0 (Medicaid Covered)	
WILD CHERRY SD FLAVOR	\$0 (Medicaid Covered)	
ZINC OXIDE	\$0 (Medicaid Covered)	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	\$0 (Tier 1)	
LOKELMA	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>sps (sodium polystyrene sulf) sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	\$0 (Tier 1)	
VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	\$0 (Tier 1)	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	\$0 (OTC)	
<i>vitamin b complex / vitamin c / folic acid</i>	\$0 (OTC)	
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	\$0 (OTC)	
VITAMIN B COMPLEX COMBINATIONS VITAMIN COMPLEX COMBINATIONS, VITAMIN COMPLEX COMINATIONS	\$0 (OTC)	
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>multivitamins / minerals</i>	\$0 (OTC)	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins / fluoride / iron</i>	\$0 (OTC)	
<i>pediatric multivitamin combinations</i>	\$0 (OTC)	
<b>PED MV W/ FLUORIDE</b>		
<i>pediatric multiple vitamins / fluoride</i>	\$0 (OTC)	
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	\$0 (OTC)	
PEDIATRIC MULTIVITAMIN COMBINATIONS	\$0 (OTC)	
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamin</i>	\$0 (Tier 1)	
<i>prenatal vitamin rx only</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET

\$0 (Tier 1)

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

*baclofen 5 mg tab, 10 mg tab, 20 mg tab*

\$0 (Tier 1)

*chlorzoxazone 500 mg tab*

\$0 (Tier 1)

*cyclobenzaprine hcl 5 mg tab, 10 mg tab*

\$0 (Tier 1)

*methocarbamol 500 mg tab, 750 mg tab*

\$0 (Tier 1)

*tizanidine hcl 2 mg tab, 4 mg tab*

\$0 (Tier 1)

### **DIRECT MUSCLE RELAXANTS**

*dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap*

\$0 (Tier 1)

## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **NASAL ANTIALLERGY**

*azelastine hcl 0.1 %, 137 mcg/spray*

\$0 (Tier 1)

*flunisolide 25 mcg/act (0.025%) solution*

\$0 (Tier 1)

QL (50 ML PER 30 DAYS)

*fluticasone propionate 50 mcg/act suspension*

\$0 (Tier 1)

QL (32 GM PER 30 DAYS)

*ipratropium bromide 0.03 %, 0.06 %*

\$0 (Tier 1)

*mometasone furoate 50 mcg/act suspension*

\$0 (Tier 1)

QL (34 GM PER 30 DAYS)

*olopatadine hcl 0.6 % solution*

\$0 (Tier 1)

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

RADICAVA ORS

\$0 (Tier 1)

PA, LA, QL (70 ML PER 28 DAYS), NDS

RADICAVA ORS STARTER KIT

\$0 (Tier 1)

PA, LA, QL (70 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>riluzole</i>	\$0 (Tier 1)	PA

## **NUTRIENTS**

### **PROTEINS**

<i>plenamine</i>	\$0 (Tier 1)	PA <sup>3</sup>
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## **OPHTHALMIC AGENTS**

### **BETA-BLOCKERS - OPTHALMIC**

BETAXOLOL HCL BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION	\$0 (Tier 1)	
<i>brimonidine tartrate-timolol</i>	\$0 (Tier 1)	
CARTEOLOL HCL	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol mal</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol mal pf</i>	\$0 (Tier 1)	
LEVOBUNOLOL HCL	\$0 (Tier 1)	
<i>timolol maleate 0.25 %, 0.5 %</i>	\$0 (Tier 1)	

### **OPHTHALMIC ADRENERGIC AGENTS**

APRACLONIDINE HCL 0.5 % SOLUTION	\$0 (Tier 1)	
<i>brimonidine tartrate 0.1 %, 0.15 %, 0.2 %</i>	\$0 (Tier 1)	
SIMBRINZA	\$0 (Tier 1)	

### **OPHTHALMIC ANTI-INFECTIVES**

<i>ak-poly-bac</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	\$0 (Tier 1)	
<i>bacitracin-polymyxin b</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>gatifloxacin 0.5 % solution</i>	\$0 (Tier 1)	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	\$0 (Tier 1)	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	\$0 (Tier 1)	
MOXIFLOXACIN HCL (2X DAY)	\$0 (Tier 1)	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	\$0 (Tier 1)	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	\$0 (Tier 1)	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	\$0 (Tier 1)	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	\$0 (Tier 1)	
<i>sulfacetamide sodium 10 % solution</i>	\$0 (Tier 1)	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	\$0 (Tier 1)	QL (15 ML PER 7 OVER TIME)
XDEMVY	\$0 (Tier 1)	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	\$0 (Tier 1)	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	\$0 (Tier 1)	
ROCKLATAN	\$0 (Tier 1)	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine</i>	\$0 (Medicaid Covered)	
<i>tetracaine hcl 0.5 % solution</i>	\$0 (Medicaid Covered)	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	\$0 (Tier 1)	
<i>fluorometholone</i>	\$0 (Tier 1)	
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth</i>	\$0 (Tier 1)	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	\$0 (Tier 1)	
PREDNISOLONE ACETATE 1 % SUSPENSION	\$0 (Tier 1)	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	\$0 (Tier 1)	
SULFACETAMIDE-PREDNISOLONE	\$0 (Tier 1)	
<i>tobramycin-dexamethasone</i>	\$0 (Tier 1)	
<b>OPHTHALMICS - MISC.</b>		
<i>atropine sulfate 1 % solution</i>	\$0 (Tier 1)	
ATROPINE SULFATE 1 % SOLUTION	\$0 (Tier 1)	
<i>azelastine hcl 0.05 % solution</i>	\$0 (Tier 1)	
<i>balanced salt</i>	\$0 (Medicaid Covered)	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	\$0 (Tier 1)	
<i>cyclosporine 0.05 % emulsion</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
CYSTARAN	\$0 (Tier 1)	PA, LA, QL (60 ML PER 28 DAYS), NDS
<i>diclofenac sodium 0.1 % solution</i>	\$0 (Tier 1)	
<i>dorzolamide hcl 2 % solution</i>	\$0 (Tier 1)	
<i>epinastine hcl</i>	\$0 (Tier 1)	
FLURBIPROFEN SODIUM	\$0 (Tier 1)	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
XIIDRA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)

### **PROSTAGLANDINS - OPHTHALMIC**

<i>bimatoprost 0.03 % solution</i>	\$0 (Tier 1)	QL (5 ML PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	\$0 (Tier 1)	QL (5 ML PER 30 DAYS)
LUMIGAN	\$0 (Tier 1)	QL (5 ML PER 30 DAYS)
<i>travoprost (bak free)</i>	\$0 (Tier 1)	QL (5 ML PER 30 DAYS)

### **OTIC AGENTS**

#### **OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid 2 % solution</i>	\$0 (Tier 1)	
<i>flac</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide 0.01 % oil</i>	\$0 (Tier 1)	
<i>hydrocortisone-acetic acid</i>	\$0 (Tier 1)	

#### **OTIC COMBINATIONS**

<i>ciprofloxacin-dexamethasone</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc --3.5-10000-1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	\$0 (Tier 1)	

### **PASSIVE IMMUNIZING AND TREATMENT AGENTS**

#### **IMMUNE SERUMS**

GAMMAKED 1 GM/10ML SOLUTION	\$0 (Tier 1)	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	\$0 (Tier 1)	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	\$0 (Tier 1)	PA, NDS
VARIZIG	\$0 (Tier 1)	VAC

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	\$0 (Tier 1)	
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMOXICILLIN 125 MG CHEW TAB	\$0 (Tier 1)	
<i>amoxicillin 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	\$0 (Tier 1)	
AMOXICILLIN 250 MG CHEW TAB	\$0 (Tier 1)	
<i>ampicillin</i>	\$0 (Tier 1)	
<i>ampicillin sodium 1 gm recon soln</i>	\$0 (Tier 1)	
<i>ampicillin sodium 10 gm recon soln</i>	\$0 (Tier 1)	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN	\$0 (Tier 1)	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	\$0 (Tier 1)	
<i>penicillin g potassium</i>	\$0 (Tier 1)	
PENICILLIN G PROCAINE	\$0 (Tier 1)	
PENICILLIN G SODIUM	\$0 (Tier 1)	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	\$0 (Tier 1)	
<i>penicillin v potassium 250 mg tab</i>	\$0 (Tier 1)	
<i>penicillin v potassium 500 mg tab</i>	\$0 (Tier 1)	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE - 400-57 MG CHEW TAB	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	\$0 (Tier 1)	
<b>AMOXICILLIN-POT CLAVULANATE ER</b>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	\$0 (Tier 1)	
<i>piperacillin sod-tazobactam so</i>	\$0 (Tier 1)	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	\$0 (Tier 1)	
<i>nafcillin sodium 10 gm recon soln</i>	\$0 (Tier 1)	NDS
<b>NAFCILLIN SODIUM IN DEXTROSE</b>	\$0 (Tier 1)	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	\$0 (Tier 1)	
<i>oxacillin sodium</i>	\$0 (Tier 1)	
<b>OXACILLIN SODIUM IN DEXTROSE</b>	\$0 (Tier 1)	
<b>PROGESTINS</b>		
<i>camila</i>	\$0 (Tier 1)	

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<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>deblitane</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104	\$0 (Tier 1)	
<i>emzahh</i>	\$0 (Tier 1)	
<i>errin</i>	\$0 (Tier 1)	
<i>gallifrey</i>	\$0 (Tier 1)	
<i>heather</i>	\$0 (Tier 1)	
<i>incassia</i>	\$0 (Tier 1)	
<i>jencycla</i>	\$0 (Tier 1)	
LILETTA (52 MG)	\$0 (Tier 1)	
<i>lyleq</i>	\$0 (Tier 1)	
<i>lyza</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	\$0 (Tier 1)	
MEGESTROL ACETATE MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION	\$0 (Tier 1)	PA
NEXPLANON	\$0 (Tier 1)	
<i>nora-be</i>	\$0 (Tier 1)	
<i>norethindrone 0.35 mg tab</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 mg tab</i>	\$0 (Tier 1)	
<i>norlyda</i>	\$0 (Tier 1)	
<i>norlyroc</i>	\$0 (Tier 1)	
<i>progesterone 100 mg cap, 200 mg cap</i>	\$0 (Tier 1)	
<i>sharobel</i>	\$0 (Tier 1)	
<i>tulana</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium</i>	\$0 (Tier 1)	
<i>disulfiram 250 mg tab</i>	\$0 (Tier 1)	
DISULFIRAM 500 MG TAB	\$0 (Tier 1)	

### **ANTIDEMENTIA AGENTS**

<i>donepezil hcl 5 mg tab disp, 10 mg tab disp, 23 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide er</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab</i>	\$0 (Tier 1)	
<i>memantine hcl 2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution</i>	\$0 (Tier 1)	
<i>memantine hcl er</i>	\$0 (Tier 1)	
<i>rivastigmine</i>	\$0 (Tier 1)	
<i>rivastigmine tartrate</i>	\$0 (Tier 1)	

### **MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO 6 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
AUSTEDO XR 6 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	\$0 (Tier 1)	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	\$0 (Tier 1)	NDS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	\$0 (Tier 1)	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	\$0 (Tier 1)	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	\$0 (Tier 1)	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	\$0 (Tier 1)	PA, QL (120 EA PER 180 DAYS), NDS
<i>fingolimod hcl</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (12 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
KESIMPTA	\$0 (Tier 1)	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	\$0 (Tier 1)	PA, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
VUMERITY	\$0 (Tier 1)	PA, LA, QL (120 EA PER 30 DAYS), NDS
NUEDEXTA	\$0 (Tier 1)	PA, NDS
PIMOZIDE	\$0 (Tier 1)	

### **SMOKING DETERRENTS**

<i>bupropion hcl er (smoking det)</i>	\$0 (Tier 1)	
<i>nicotine patch (nicoderm)</i>	\$0 (Tier 1)	
NICOTROL	\$0 (Tier 1)	
<i>varenicline tartrate (starter)</i>	\$0 (Tier 1)	
<i>varenicline tartrate 0.5 mg tab</i>	\$0 (Tier 1)	
<i>varenicline tartrate 1 mg tab</i>	\$0 (Tier 1)	QL (56 EA PER 28 DAYS)
<i>varenicline tartrate(continue)</i>	\$0 (Tier 1)	

### **RESPIRATORY AGENTS - MISC.**

#### **CYSTIC FIBROSIS AGENTS**

CAYSTON	\$0 (Tier 1)	PA, LA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 13.4 MG PACKET	\$0 (Tier 1)	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	\$0 (Tier 1)	PA, QL (56 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	\$0 (Tier 1)	PA, LA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	\$0 (Tier 1)	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	\$0 (Tier 1)	QL (150 ML PER 30 DAYS), PA <sup>3</sup> , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	\$0 (Tier 1)	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	\$0 (Tier 1)	PA, LA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	\$0 (Tier 1)	PA, LA, QL (56 EA PER 28 DAYS), NDS
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	\$0 (Tier 1)	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS), NDS
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTIHISTAMINES</b>		
<i>cetirizine (zyrtec)</i>	\$0 (Tier 1)	
<i>cetirizine (zyrtec) rx only</i>	\$0 (Tier 1)	
<i>desloratadine 5 mg tab</i>	\$0 (Tier 1)	
<i>diphenhydramine (benadryl)</i>	\$0 (Medicaid Covered)	
<i>levocetirizine (xyzal)</i>	\$0 (Tier 1)	
<i>levocetirizine (xyzal) rx only</i>	\$0 (Tier 1)	
<i>promethazine hcl 25 mg/ml, 50 mg/ml</i>	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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*promethazine hcl 6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab*

\$0 (Tier 1)

## **PULMONARY ANTIHYPERTENSIVES**

<i>alyq</i>	\$0 (Tier 1)	PA, NDS
<i>ambrisentan</i>	\$0 (Tier 1)	PA, LA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	\$0 (Tier 1)	PA, LA, NDS
<i>sildenafil citrate 20 mg tab</i>	\$0 (Tier 1)	PA
<i>tadalafil (pah)</i>	\$0 (Tier 1)	PA, NDS
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	\$0 (Tier 1)	PA, LA, NDS

## **RESPIRATORY TRACT/PULMONARY AGENTS**

### **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE**

<i>roflumilast</i>	\$0 (Tier 1)	
<i>theophylline er theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	\$0 (Tier 1)	

### **SLEEP DISORDER AGENTS**

### **SLEEP DISORDERS, OTHER**

SODIUM OXYBATE	\$0 (Tier 1)	PA, LA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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## **SULFONAMIDES**

SULFADIAZINE 500 MG TAB, SULFADIAZINE 500 MG TAB	\$0 (Tier 1)
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<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -400-80 mg tab, -800-160 mg tab, -800-160 mg/20ml suspension</i>	\$0 (Tier 1)
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## **TETRACYCLINES**

<i>demeclocycline hcl</i>	\$0 (Tier 1)
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<i>doxy 100</i>	\$0 (Tier 1)
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<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab</i>	\$0 (Tier 1)
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<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	\$0 (Tier 1)
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<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	\$0 (Tier 1)
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<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	\$0 (Tier 1)
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## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

<i>methimazole 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)
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<i>propylthiouracil 50 mg tab</i>	\$0 (Tier 1)
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### **THYROID HORMONES**

<i>euthyrox</i>	\$0 (Tier 1)
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<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	\$0 (Tier 1)
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<i>levoxyl</i>	\$0 (Tier 1)
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<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	\$0 (Tier 1)
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SYNTHROID	\$0 (Tier 1)	
<i>unithroid</i>	\$0 (Tier 1)	

## **TOXOIDS**

### **TOXOID COMBINATIONS**

ADACEL	\$0 (Tier 1)	VAC
BOOSTRIX	\$0 (Tier 1)	VAC
DAPTACEL	\$0 (Tier 1)	
DIPHtheria-TETANUS TOXOIDS DT	\$0 (Tier 1)	PA <sup>3</sup>
INFANRIX	\$0 (Tier 1)	
KINRIX	\$0 (Tier 1)	
PEDIARIX	\$0 (Tier 1)	
PENTACEL	\$0 (Tier 1)	
QUADRACEL	\$0 (Tier 1)	
TDVAX	\$0 (Tier 1)	PA <sup>3</sup> , VAC
TENIVAC	\$0 (Tier 1)	PA <sup>3</sup> , VAC

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<i>dicyclomine hcl 10 mg cap, 10 mg/5ml solution, 20 mg tab</i>	\$0 (Tier 1)	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	

### **H-2 ANTAGONISTS**

<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	\$0 (Tier 1)	
<i>famotidine (pepcid)</i>	\$0 (Tier 1)	
<i>famotidine (pepcid) rx only</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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### **MISC. ANTI-ULCER**

<i>misoprostol 100 mcg tab, 200 mcg tab</i>	\$0 (Tier 1)	
<i>sucralfate 1 gm tab, 1 gm/10ml suspension</i>	\$0 (Tier 1)	

### **PROTON PUMP INHIBITORS**

<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	\$0 (Tier 1)	
<i>lansoprazole (prevacid)</i>	\$0 (Tier 1)	
<i>lansoprazole (prevacid) rx only</i>	\$0 (Tier 1)	
<i>omeprazole (prilosec)</i>	\$0 (Tier 1)	
<i>omeprazole (prilosec) rx only</i>	\$0 (Tier 1)	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	\$0 (Tier 1)	
<i>rabeprazole sodium 20 mg tab dr</i>	\$0 (Tier 1)	

### **URINARY ANTISPASMODICS**

#### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide er</i>	\$0 (Tier 1)	
<i>fesoterodine fumarate er</i>	\$0 (Tier 1)	
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	\$0 (Tier 1)	
<i>oxybutynin chloride er</i>	\$0 (Tier 1)	
<i>solifenacin succinate</i>	\$0 (Tier 1)	
<i>tolterodine tartrate</i>	\$0 (Tier 1)	
<i>tolterodine tartrate er</i>	\$0 (Tier 1)	
<i>tropium chloride</i>	\$0 (Tier 1)	
<i>tropium chloride er</i>	\$0 (Tier 1)	
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>flavoxate hcl</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.



<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
GEMTESA	\$0 (Tier 1)	
<i>mirabegron er</i>	\$0 (Tier 1)	
MYRBETRIQ 8 MG/ML SRER	\$0 (Tier 1)	

## **VACCINES**

### **BACTERIAL VACCINES**

ACTHIB	\$0 (Tier 1)	
BCG VACCINE	\$0 (Tier 1)	VAC
BEXSERO	\$0 (Tier 1)	VAC
CAPVAXIVE	\$0 (Part B Covered)	
HIBERIX	\$0 (Tier 1)	
MENACTRA	\$0 (Tier 1)	VAC
MENQUADFI	\$0 (Tier 1)	VAC
MENVEO	\$0 (Tier 1)	VAC
PEDVAX HIB	\$0 (Tier 1)	
PENBRAYA	\$0 (Tier 1)	VAC
PNEUMOVAX 23	\$0 (Part B Covered)	
PREVNAR 20	\$0 (Part B Covered)	
TRUMENBA	\$0 (Tier 1)	VAC
TYPHIM VI	\$0 (Tier 1)	VAC
VAXCHORA	\$0 (Tier 1)	
VAXNEUVANCE	\$0 (Part B Covered)	

### **VIRAL VACCINES**

ABRYSVO	\$0 (Tier 1)	VAC
AREXVY	\$0 (Tier 1)	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
COVID-19 VACCINES	\$0 (Part B Covered)	
ENGERIX-B	\$0 (Tier 1)	PA <sup>3</sup> , VAC
ERVEBO	\$0 (Tier 1)	
GARDASIL 9	\$0 (Tier 1)	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	\$0 (Tier 1)	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	\$0 (Tier 1)	
HEPLISAV-B	\$0 (Tier 1)	PA <sup>3</sup> , VAC
IMOVAX RABIES	\$0 (Tier 1)	PA <sup>3</sup> , VAC
IPOL	\$0 (Tier 1)	VAC
IXCHIQ	\$0 (Tier 1)	VAC
IXIARO	\$0 (Tier 1)	VAC
JYNNEOS	\$0 (Tier 1)	VAC
M-M-R II	\$0 (Tier 1)	VAC
MRESVIA	\$0 (Tier 1)	VAC
PREHEVBRIO	\$0 (Tier 1)	PA <sup>3</sup> , VAC
PRIORIX	\$0 (Tier 1)	VAC
PROQUAD	\$0 (Tier 1)	
QUADRIVALENT INFLUENZA VACCINES	\$0 (Part B Covered)	
RABAVERT	\$0 (Tier 1)	PA <sup>3</sup> , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	\$0 (Tier 1)	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	\$0 (Tier 1)	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	\$0 (Tier 1)	PA <sup>3</sup> , VAC
ROTARIX	\$0 (Tier 1)	
ROTATEQ	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

<b>NAME OF DRUG (OTC)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SHINGRIX	\$0 (Tier 1)	QL (2 EA PER 365 OVER TIME), VAC
STAMARIL	\$0 (Tier 1)	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	\$0 (Tier 1)	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	\$0 (Tier 1)	VAC
TWINRIX	\$0 (Tier 1)	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	\$0 (Tier 1)	
VAQTA 50 UNIT/ML SUSPENSION	\$0 (Tier 1)	VAC
VARIVAX	\$0 (Tier 1)	
YF-VAX	\$0 (Tier 1)	VAC

## **VAGINAL AND RELATED PRODUCTS**

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate 2 % cream</i>	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>terconazole</i>	\$0 (Tier 1)	

### **VAGINAL ESTROGENS**

<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	\$0 (Tier 1)	
ESTRING	\$0 (Tier 1)	
PREMARIN 0.625 MG/GM CREAM	\$0 (Tier 1)	
<i>yuvafem</i>	\$0 (Tier 1)	

## **VITAMINS**

### **OIL SOLUBLE VITAMINS**

<i>phytonadione 1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution</i>	\$0 (Medicaid Covered)	
<i>vitamin d</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG (OTC)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>vitamin k1</i>	\$0 (Medicaid Covered)	
<b>WATER SOLUBLE VITAMINS</b>		
<i>thiamine (vitamin b1)</i>	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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HFA	58	fyavolv	115	GLUCAGON HCL	
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fluvoxamine maleate er	65	g tussin ac	28	glucose (Dextrose)	25
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fosamprenavir calcium	95	gatifloxacin	147	granisetron hcl	70
fosfomycin tromethamine	54	GAUZE PADS	36	GRAPE FLAVOR	139
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FREESTYLE LIBRE 14 DAY		gemfibrozil	72	guaifenesin / dextromethorphan /	
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FREESTYLE LIBRE 2		GENTAMICIN IN SALINE	45	guaifenesin ac	28
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SENSOR	127	gianvi	115	GUAVA FLAVOR	139
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READER	127	glatiramer acetate	154	GVOKE HYPOPEN 2-PACK	67
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IWILFIN	88	Ketone Test Strips	32	lancet device	36
IXCHIQ	162	ketorolac tromethamine	47,148	lancets	36,127
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		kionex	143	lansoprazole (PREVACID)	160
<b>J</b>		KISQALI (200 MG DOSE)	83	lansoprazole (PREVACID) RX Only	160
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JAKAFI	83	KISQALI (600 MG DOSE)	83	LANTUS SOLOSTAR	68
jantoven	60	KISQALI FEMARA (200 MG DOSE)	80	lapatinib ditosylate	83
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		WEEKLY).....	zonisamide.....	63
		XPOVIO (60 MG ONCE	zovia 1/35 (28).....	120
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This formulary was updated on 10/01/2024.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.



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